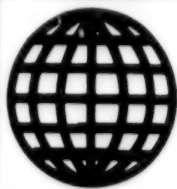


JPRS-TEP-93-023
5 October 1993



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

Epidemiology

AIDS

Epidemiology AIDS

JPRS-TEP-93-023

CONTENTS

5 October 1993

AFRICA

KENYA

- 728,000 New HIV Cases Registered This Year [K. Kahiko; *THE KENYA TIMES*, 15 Jul 93] 1

MOZAMBIQUE

- NGO's Struggle Against Rising AIDS Tide [I. Laissone; *TEMPO*, 8 Aug 93] 1

SOUTH AFRICA

- Surveys on AIDS: Population Shows Ignorance [C. St Leger; *SUNDAY TIMES*, 20 Jun 93] 3

ZAMBIA

- Poverty, AIDS Raise Infant Death Rate [M. Mpundu; *TIMES OF ZAMBIA*, 27 Jun 93] 4

EAST ASIA

JAPAN

- Health Ministry To Conduct Survey on AIDS Treatment [KYODO, 28 Aug 93] 5

SOUTH KOREA

- Health Ministry Reports 44 HIV-Positive Cases Since Jan [YONHAP, 27 Sep 93] 5

THAILAND

- Health Ministry: 273 With Full-Blown AIDS as of July [BANGKOK POST, 23 Aug 93] 5
 Problems Facing Public Health Ministry in Handling of AIDS [DAILY NEWS, 5 Jul 93] 5
 70 Percent of Nakhon Sawan Men Test HIV-Positive [MATICHON, 14 Jul 93] 6
 North Tops Nation in AIDS-Infected Infants [MATICHON, 15 Jul 93] 6
 Development Specialist on AIDS Projections [MATICHON, 6 Jul 93] 7
 Health Official: 25 Percent of Prostitutes Have AIDS [BAN MUANG, 5 Jul 93] 7
 AIDS Seminar Highlights Infection Trends [DAO SIAM 13, Jul 93] 8

EAST EUROPE

BULGARIA

- Daily Claims 'Miracle AIDS Cure' Developed in Sofia [BTA, 20 Aug 93] 9

CZECH REPUBLIC

- AIDS Sufferers Not Permitted To Serve in Army [MLADA FRONTA DNES, 27 Sep 93] 9

YUGOSLAVIA

- Belgrade Ranks Among Top 10 European Cities in AIDS Cases [Belgrade radio, 23 Sep 93] 9

LATIN AMERICA

HONDURAS

- 'Alarming' Increase in AIDS Cases [TIEMPO, 1 Aug 93] 10

JAMAICA

- 'Worrisome' HIV Presence Brings Call for Sex Education [CANA, 30 Sep 93] 10

TRINIDAD & TOBAGO

- Vital Statistics Report Shows AIDS Increase [CANA, 16 Sep 93] 11

NEAR EAST & SOUTH ASIA

INDIA

- Ministry Gives Latest Statistics on AIDS [THE HINDU, 15 Jun 93] 12
Nation Seen Heading 'Towards Castastrophe' as AIDS Cases Skyrocket
[K.N. Tanna; SUNDAY, 17 Jul 93] 12
Number of HIV Infected Persons Reported To Be One Million
[A. Shourie; SUNDAY OBSERVER, 25 Jul 93] 14
5 Million AIDS Cases by Year 2000 Predicted [ANANDABAZAR PATRIKA, 18 Aug 93] 16
AIDS in Northeast Part of Country Seen as 'Time Bomb' [THE STATESMAN, 7 Jul 93] 16
Reportage on Prevention, Spread of AIDS 17
 Madras Symposium, Countrywide Statistics [THE HINDU, 9 Jul 93] 17
 AIDS in Goa [THE TIMES OF INDIA, 10 Jul 93] 17
 AIDS in Tamil Nadu [THE HINDU, 17 Jul 93] 18
 AIDS in New Delhi Prison [DECCAN CHRONICLE, 19 Jul 93] 18
Deaths From AIDS on the Rise in Maharashtra [THE HINDU, 16 Aug 93] 19
Returnees From Gulf Treated for AIDS [P.K. Surendran; THE TIMES OF INDIA, 7 Aug 93] 19
Calcutta Prostitutes Launch Movement to Prevent AIDS [S. Banerjee; SUNDAY, 17 Jul 93] 20

IRAN

- Imported Blood Products To Be Tested for AIDS [JOMHURI-YE ESLAMI, 24 Jun 93] 21

PAKISTAN

- Afghan Arms Dealers Said To Carry AIDS Virus Home
[I. Hussain; THE FRONTIER POST, 10 Sep 93] 21

CENTRAL EURASIA

RUSSIA

- Surge in Moscow HIV Cases [KURANTY, 5 Feb 93] 23
First AIDS Case in Tatarstan [N. Morozov; PRAVDA, 5 Dec 92] 23
Smolensk HIV Cases Fourth Most Numerous [V. Artemenko; PRAVDA, 2 Dec 92] 23

LATVIA

- Statistics on Latvian AIDS Cases [Riga radio, 20 Aug 93] 23

UKRAINE

- Ukrainian Official on Status, Perspective for AIDS Fight
[V. Ivasyuk; PRAVDA UKRAINY, 15 Sep 92] 23

WEST EUROPE

REGIONAL AFFAIRS

EC Reports Half a Million Infected With HIV Virus [AFP, 30 Sep 93] 26

AUSTRIA

As Many as 14,000 Infected With HIV Virus [WIENER ZEITUNG, 16 Sep 93] 26

BELGIUM

AIDS Society Issues Statistics on Infected Children [AFP, 25 Aug 93] 26

GERMANY

Number of AIDS Cases Expected To Continue To Grow
[FRANKFURTER ALLGEMEINE, 3 Sep 93] 26

UNITED KINGDOM

Health Service Gives New AIDS Statistics [THE DAILY TELEGRAPH, 20 Jul 93] 27

KENYA

728,000 New HIV Cases Registered This Year

93WE0589A Nairobi THE KENYA TIMES in English
15 Jul 93 p 14

[Article by Kathryn Kahiko]

[Excerpt] Since last year, Kenya has registered an additional 728,000 cases of HIV infections as the country tries to battle the spread of the killer, Acquired Immune Deficiency Syndrome (AIDS).

In a survey done in the seven provinces of the country by the National Council of Population and Development (NCPD), it was found that a number of cases went unreported thus making the above figure just an estimate of how rampant AIDS is in the country.

The disease, first diagnosed in the country in 1984 affects every strata of society from the very young to the very old and rich and the poor. Most affected however, from the survey are those in the group between 15 and 50 years with the 20-30 years age group having the greatest number of people infected with AIDS.

The survey shows that children below five years are also in the bracket of high infection but this trails off until the age of 9 years when once again the numbers of those infected with either HIV or full-blown AIDS goes up.

Impact

The spread of the disease has caused enough concern to the Government to make its impact to be included in the seventh national development plans. It is estimated that over three million Kenyans will die from AIDS by the turn of the century. By the year 2005, about 250,000 people will be dying from AIDS annually while currently fewer than 90,000 die each year.

Despite campaigns in the media and other sources noticeably the Ministry of Health and churches, the spread of the disease continues unabated. Currently the survey shows that about 100,000 new cases of AIDS are registered annually with a projection of 285,000 new cases per year by the year 2005.

The NCPD survey shows that the number of people infected with the HIV virus stands at 1 million. Three years ago it stood at less than 500,000 while in the year 2005, it is projected to stand at 2 million cases.

The rate of progression from infection to full blown AIDS varies for different people. After approximately 2 years, only 10 percent of those with HIV get clinical AIDS. But by about 7 years, 50 percent will have AIDS and by 20 years of infection, almost all HIV victims will have shown signs of the disease.

Mortality

Children have not been spared and the child mortality rate, while it has gone down, has picked up for those infected with the virus. In 1980, the child mortality rate stood at 130 per every 1,000 births. In 1990 it had declined, with the children dying from other causes and not AIDS, to below 120 per every 1,000 births.

The rate for those infected with AIDS was above 120 for the same number of births. It is expected that by the year 2005, the mortality rate for children with AIDS will be 137 for every 1,000 births while the rate for those without AIDS is estimated at about 99.4.

In 1980, deaths of children caused by AIDS were virtually unknown. But 5 years later, the disease had started claiming its first child victims, and the end of that decade saw AIDS deaths equalling those of the other child killer diseases, measles and malaria. It is projected that in 1995, 25,000 children will die from AIDS while by the turn of the century over 42,000 children will be fatally affected. The number of children dying from AIDS will reach 49,500 by 2005.

Apart from being infected with the disease, children are also affected in other ways by this problem. Due to the death of their parents, there are many AIDS orphans springing up and the number increases every year. In 1990, the number of AIDS victims was low compared to the current rate. By 2005, the NCPD survey estimates that there will be 997,000 AIDS orphans. This is in a society where the number of street children seems to increase daily.

Complex

With AIDS comes the AIDS related complex (ARC). The most significant of ARC is tuberculosis which is on the rise in Kenya as more and more people get AIDS, and contract TB. If the current trend continues, the year 2000 will see the majority of the hospital beds in the country being taken up by AIDS patients or those with ARC. This will bring the health budget to just below Sh4 billion for AIDS alone while in 2005 the health budget for AIDS will stand at Sh4.8 billion while the total budget will be Sh6.6 billion.[passage omitted]

MOZAMBIQUE

NGO's Struggle Against Rising AIDS Tide

93WE0590B Maputo TEMPO in Portuguese 8 Aug 93
pp 8-10

[Article by Inacio Laissone; first paragraph is TEMPO introduction]

[Text] Mozambique has no condoms available, and more than 100,000 people in the country's capital are infected by sexually transmitted diseases [STDs]. One percent of that number are carriers of HIV [Human Immunodeficiency Virus]. The health authorities and the national

NGO [nongovernmental organization] network involved in the fight against these epidemics are concerned about the situation, and are awaiting the arrival here of more than 2 million condoms during the first half of August.

STDs and AIDS are spreading rapidly in our country throughout the various population groups, with greater incidence in the border provinces, challenging the health authorities more than a little, and forcing them to view the problem from a broader perspective. And because the epidemics are taking on alarming proportions, efforts are being made to create a national network of nongovernmental organizations involved in the fight against STDs, which will be grouped within MONASO (Mozambique Network of AIDS Services Organizations).

MONASO will be an integral part of SANASO [Southern Africa Network of AIDS Services Organizations]—the regional network of organizations from southern Africa participating in the fight against STDs, as well as the Mozambican Red Cross (CVM), the Catholic Church, the group Women, Law, and Development (Muleide), and the Health Ministry's National AIDS Prevention Program, which are in the vanguard. Currently they are fighting for the gathering and exchange of information, experiences, and points of view between locals and the rest of the world, in the interest of multilateral cooperation in the fight against STDs.

Within this context, and during the meeting that took place last 29 June in Maputo, the institutions brought together under MONASO demonstrated the need to organize beneficial community work with a view to expanding the program to the most vulnerable population groups. First steps include carrying out professional training seminars and mobilizing activists in the border provinces, because a high incidence of AIDS cases has been recorded among the refugees returning from neighboring countries.

In 1990 the Mozambican Red Cross (CVM) began its program to train provincial activists, in order to disseminate preventive knowledge of STDs among the refugee or dislocated population in an effort carried out jointly with the Health Ministry's Center for AIDS Coordination. With financial support from the Swedish Red Cross, the CVM has already trained some 1,300 activists, of whom 1,173 are dispersed throughout the country, while the remainder have quit for various reasons.

According to Adelino Maliquela of the CVM, the selection of prevention activists is made by the target groups themselves, and the CVM is responsible for training and monitoring the individuals of both sexes and varied ages, including many community leaders, traditional medicine practitioners, and members of religious groups. The training courses last a week, and include classes in theory and practice, accompanied by supervisors.

In the program's first phase (1990-92), the CVM planned to cover a million people, but only succeeded in covering 800,000. The following phase continues the efforts to

train activists in prevention, recycling those already trained, and establishing educational activities among the vulnerable population and young people.

The George Dimitrov Barrio

Muleide is also involved in preventing and fighting STDs, and since last January has carried out educational and training activities in Maputo's George Dimitrov barrio. Benfica is another pilot-barrio benefitting from Muleide's activities, and some 2,500 women and young people have already been covered. The primary objective of Muleide's activities is to train activists who enjoy a certain reputation within the community to which they are assigned.

The choice of George Dimitrov barrio as a pioneer for Muleide's activities is related to the fact that the population groups living there are mostly comprised of people dislocated by the war. The decision was also related to the need for greater involvement by women in preventing and fighting STDs, given their greater contribution to family development in the context of African tradition.

It is also intended to involve the community itself in activities to defend its own sexual health, and Muleide is carrying out educational activities with the financial support of the Southern Africa AIDS Training Program (SAT), which is also financing two educational projects directed to people directly involved in the sex industry (prostitutes).

The Catholic Church and AIDS

Among the activities engaged in by health organizations to control and fight STDs, the involvement of other institutions is important. The Roman Catholic Church of Mozambique is conscious of the AIDS problem. In the meeting last 29 July, it was disclosed that this religious organization had invited World Health Organization (WHO) experts to carry out activities together with the bishops, to spread knowledge about STD's and initiate activities to prevent and fight them.

Among catholic clerics, it is very difficult to bring up the STD problem because of their chastity, and some do not even believe these epidemics exist. Currently, however, the Catholic Church is carrying out a range of activities, including training parochial activists, and holding seminars on the problem of STDs and their prevention.

In a society strongly corrupted by extramarital affairs, and with a flourishing sex industry, strategies aimed at conquering STDs are counterproductive, and the bottleneck is the lack of condoms on the domestic market. But health authorities have taken this to heart, and anticipate the arrival of more than two million condoms in the first half of August.

Global Facts

The World Health Organization (WHO) is preparing to commemorate, next 1 December, another World AIDS

Day, which will be held under the theme "Time for Action," seen as an appeal for greater urgency in the prevention of and fight against the HIV/AIDS epidemic. "This theme was inspired by the marvelous efforts of dedicated people who are already working to prevent the spread of HIV and to care for those who have developed the disease," said Dr. Michael Merson, director of the Global AIDS Program.

It is believed that 13 million men, women, and children are already infected by the HIV, and WHO studies calculate that 5,000 more people are infected daily. What is more, without urgent action the total number of HIV/AIDS cases could reach 40 million by the end of this century.

The WHO is appealing to the world to carry out efforts to prevent and combat the HIV/AIDS epidemic. "Even though we know how to prevent transmission of HIV, many new cases of infection are occurring," said Dr. Michael Merson, adding that "even though we know how to care for people infected with AIDS, even with limited resources, that care is often lacking."

To change the course of events, he figures that now is the time for action, to fight against denial, discrimination, and the complacency of governments, communities and individuals, because without an available cure or vaccine, prevention and education must continue to be absolute priorities. It is also a time to reduce the vulnerability of women to HIV infection, promoting health and education, improving their economic conditions, and their legal and social status.

And because implementation of any projects requires mobilizing financial resources, the AIDS/STD Global Program calculates that \$2.5 billion per year will be needed for AIDS-prevention efforts in developing countries, that is, 20 times more than the currently available financial resources. It is also a time to arm young people around the world with solid knowledge and the means to protect themselves against AIDS infection.

"Education both in and outside of school must be complemented with easy access to condoms," said Dr. Michael Merson, calling for the creation of strong prevention and educational programs in the workplace and the need for business owners to give greater support to activities for preventing and combating STDs in the community.

And because the AIDS epidemic is continuing to spread quickly, the WHO says that now is the time to ensure that humanitarian care for persons infected by HIV is available everywhere and "not just in the developed world."

Finally, it is clearly seen that the determination shown by various domestic organizations involved in preventing and fighting the STD epidemic is not everything, because while scientists in the developed world are working to discover a vaccine, in Mozambique condoms

are becoming scarce, which facilitates the runaway proliferation of STD's and AIDS. That is the price of misery.

SOUTH AFRICA

Surveys on AIDS: Population Shows Ignorance

93WE0477B Johannesburg SUNDAY TIMES
in English 20 Jun 93 p 2

[Article by Cas St Leger: "AIDS Survey Shows Widespread Ignorance"]

[Text] AIDS is caused by the 32 Battalion. It is a germ introduced to wipe out the black population.

These are just two of the disturbing myths about the disease uncovered in a R-2 million research programme covering 15 groups as diverse as squatters from Alexandra, pregnant women at Baragwanath hospital, health workers, street children and teachers.

The 15 surveys, commissioned by the Department of National Health and Population Development, found that almost all South Africans have heard about AIDS.

Most know condoms can help prevent the disease—but few use them. Most know single-partner relationships are safest, and stick to these.

But among the dangerous misunderstandings are:

- AIDS is a political ploy, developed by the government to stop blacks from having babies;
- AIDS is the result of people of different races sleeping together; and
- AIDS does not really exist.

In 1992-93, the department budgeted R2-million for the research, which was tendered for by groups such as the Human Sciences Research Council, Wits University and Markinor. The results of the surveys of the 15 groups showed that most people know AIDS is sexually transmitted.

But 27 percent of 300 pregnant women at Baragwanath Hospital near Johannesburg, who had not received AIDS counselling, believed the disease is caused by germs in the air.

Although nearly 98 percent knew sexual contact is a way of transmitting the disease, three percent also believe AIDS comes from using laxatives, and 10 percent think it is caused by jealousy.

Other common misconceptions include the belief that the virus can be caught from toilet seats, sharing utensils, and from insect bites.

Some of the more bizarre ideas about AIDS came from the 141 street children interviewed in seven cities around the country.

Some of the youngsters said people with AIDS deserved it because they were rich and lived decadent lives, or because they were "lower-class people" and "criminals."

Condoms are regarded as "good for balloons only," by the children, some of whom believed the disease is caused by 32 Battalion.

Research was also conducted among 1,200 hostel dwellers at 240 hostels in the four provinces.

Ten percent of hostel residents believed AIDS was introduced for political reasons, eight percent that it doesn't exist, and a quarter that it can be cured.

Squatters are among the highest risk groups for AIDS.

In interviews with 300 men from Alexandra squatter camps, four out of 10 admitted to having had at least one sexually transmitted disease, with 10 percent being treated for five or more infections.

Some had gone to the Alexandra Health Clinic for treatment, but 18 percent had been treated by traditional healers or herbalists. Two percent had bought medication from pharmacies, and one percent had gone to church or spiritual healers.

Twenty percent of the squatters had more than three sexual partners.

Unlike the other sectors of South Africans covered by the Department of Health surveys, one in five of the squatters did not know anything about AIDS.

Some of the squatters believed AIDS comes from animals or from living in dirty surroundings.

Two-thirds of the informal settlers believed they were not at risk because they were not sleeping around, were keeping their homes clean, or were God-fearing.

They also believed that the spread of AIDS could be stopped by going to hospital, living in a clean environment, by praying, or by isolating those with the disease.

ZAMBIA

Poverty, AIDS Raise Infant Death Rate

93WE0537B Lusaka *TIMES OF ZAMBIA* in English
27 Jun 93 p 1

[Article by Mildred Mpundu: "Infant Deaths Causes Cited"]

[Excerpt] The rate of infant deaths in Zambia has drastically shot up because of poverty and increased severity of diseases such as AIDS, it has been learnt.

Medical experts attributed the deaths to the economic hardships most families were facing.

In an interview with the *Sunday Times*, University Teaching Hospital (UTH) head of paediatrics department Dr. Connie Osborne said the death rate at the hospital had increased to 25.5 percent in 1992 from 17 percent in 1986.

"Morbidity and mortality rates have gone up badly due to malnutrition resulting from poverty and increasing severity of most diseases," she said.

Dr. Osborne said unless the shortage of staff was seriously looked into, morbidity and mortality rates of paediatrics would continue to be high.

The department only had about 34 doctors now but to function properly 10 more doctors were needed.

The shortage of nurses was worse than that of doctors as there were times when only two nurses looked after a ward of between 80 to 100 patients. [passage omitted]

JAPAN

Health Ministry To Conduct Survey on AIDS Treatment

OW2808041693 Tokyo KYODO in English 0339 GMT
28 Aug 93

[Text] Tokyo, Aug. 28 KYODO—The Health and Welfare Ministry will conduct its first nationwide survey on AIDS treatment next month in a bid to collect basic data for taking measures against the disease, ministry sources said Saturday [28 August].

The ministry is to ask some 760 doctors nationwide who are believed to have treated carriers of HIV, the virus that causes AIDS, to answer a questionnaire, the sources said.

The 33 questions include the number of AIDS patients or HIV carriers they have treated, the number of those who paid medical expenses themselves, and whether or not there is a counselor at their medical institutions.

It will also ask if there was any problem over accepting AIDS patients at their medical facilities, and if the identities of those suspected of having AIDS were kept confidential.

The doctors will also be asked their opinions about a proposal to establish hospices for AIDS patients or to designate hospitals for AIDS treatment nationwide.

SOUTH KOREA

Health Ministry Reports 44 HIV-Positive Cases Since Jan

SK2709104693 Seoul YONHAP in English 0836 GMT
27 Sep 93

[Text] Seoul, Sept. 27 (YONHAP)—In the first 8 months of this year, 44 South Koreans tested HIV positive, which means they have the virus that causes AIDS, the Health and Social Affairs Ministry said Monday in a report to the National Assembly.

The first HIV-positive Korean was found in 1985, and the number increased sharply from 1988 to a total of 289 so far (258 men and 31 women). Of them, 35 have died of various causes including full-blown AIDS.

By age, 129 are between 20 and 29, 93 are between 30 and 39, 38 are between 40 and 49, 13 are between 50 and 59, and nine are between 60 and 69.

Sexual contact abroad accounted for 121 cases of infection with the deadly disease, sexual contact with a Korean in Korea for 120, and sexual contact with a foreigner in Korea for 16.

Of the 257 sexual infections, only 55 were homosexual.

Of 16 infections by blood transfusion, six occurred in Korea. The Korean National Red Cross pays 30 million

won (37,000 U.S. dollars) in compensation to each of the persons infected by blood transfusion in the country, the report said.

THAILAND

Health Ministry: 273 With Full-Blown AIDS as of July

BK2308014593 Bangkok BANGKOK POST in English
23 Aug 93 p 3

[Text] Almost 1,000 AIDS patients in Thailand have died from the disease, according to the latest report from the Public Health Ministry.

As of July this year, 240 men and 33 women had been diagnosed as having full-blown AIDS, bringing the total number of cases to 2,533 between 1987 and 1993. The 991 deaths leaves 1,542 confirmed AIDS patients in the country.

The report also said that of 2,490 people who were known to have had sexual relations with AIDS carriers, 362 had died.

The report said that in 76 per cent of the cases, the AIDS virus had been transmitted through sexual contact. Nine percent of sufferers contracted the disease through drug use, and eight percent of cases involved babies receiving the disease from infected mothers.

Most of the sufferers are in the 20-29 age group with men outnumbering women six to one, the report said. Most of the AIDS patients are labourers and farmers.

Problems Facing Public Health Ministry in Handling of AIDS

93WE0489C Bangkok DAILY NEWS in Thai 5 Jul 93
p 7

[Excerpts] [passage omitted] At a technical seminar sponsored by the Family Planning Association that was held recently in Chonburi Province, scholars and experts on AIDS stated that people with the AIDS virus are now present in all circles of society. They include drug addicts, prostitutes, and society's elite. Drug addicts contract the virus from sharing needles. Others contract the virus by engaging in promiscuous sexual behavior, from which they can contract the disease very easily. The use of a condom is not 100-percent effective in preventing someone from contracting the virus. It is also estimated that most prostitutes are from the north and that about half of these have the AIDS virus. Furthermore, about half of Thailand's 57 million people, or 28 million, are women, and about 1 million of these women are prostitutes. That means that out of every 30 Thai women, about two are prostitutes and that one of these will have the AIDS virus. However, this figure does not mean that this will always be the case. [passage omitted]

Let's look at what can be done to solve the AIDS problem in Thailand. The important thing is that there

are various reasons why the efforts to prevent and control AIDS in Thailand have not been very successful. One is the inconsistency of the policies of the state and certain government units. For example, the Office of the Prime Minister has entrusted the Ministry of Interior with the task of formulating a provincial AIDS prevention and control plan under the provincial development plan, which falls under the system of the National Rural Development Committee. The provincial offices are supposed to coordinate the planning, and the provincial governors are the people responsible for administering things. [passage omitted]

The cabinet's policy does not enable the Ministry of Public Health to follow through with the work. For example, concerning the construction of buildings to house AIDS patients, the cabinet has simply urged Ministry of Public Health hospitals to increase their ability to serve and look after AIDS patients in the same facilities as other patients. This is the case even though the public and private hospitals in the country have only about 90,000 beds. The state has cited the basic right of people not to be segregated from each other. Actually, that is good and helps to promote equality. But what has probably been forgotten is how much AIDS patients suffer, both physically and emotionally. They suffer emotionally because society hates them even though public education and public relations activities have tried to inform people that AIDS is not communicated easily and can be transmitted only through sexual relations, blood transfusions, the sharing of needles, and birth by a mother who has the AIDS virus.

There are also many other policies submitted by the Ministry of Public Health. This includes building a health rehabilitation center for AIDS patients, whose number is rising constantly. But the cabinet has blocked that idea. The original reason for building such a center was that some families may not be prepared to look after a person with AIDS. And such patients won't have anyone on whom they can rely, because they have been abandoned and are not accepted by their families or society.

Something else that needs to be considered is that the AIDS problem is an international problem. But because Thai society is different from that of the developed countries, most of the AIDS patients here are poor people from rural areas. At the hospitals in the north, if they are to survive for a long time, about half of the AIDS patients there will need proper treatment and medicines. In particular, they will have to take about six AZT tablets a day. But this drug costs about 38 baht per tablet (in the past, it cost about 50 baht per tablet). But the government can't provide the money necessary to purchase medicine for these people. Only the wealthy will be able to buy this medicine for themselves, and such people account for only a small number of the AIDS patients. Even though the government claims that it doesn't have enough money to provide help, what this actually means is that poor people don't have rights.

As for finding vaccines to treat and prevent AIDS, the government should provide more money for research. Thailand has many doctors and scientists who are just as capable as those in other countries. Also, the equipment in our laboratories meets the standards for conducting studies on treating AIDS patients just like that in other countries. Some vaccines have been tested on patients abroad and achieved some success. There have been reports that the drug GP160, for example, has achieved some results in treating patients abroad. Consideration is being given to testing this drug in Thailand. Those responsible must quickly decide what to do next. Patients should not be left with "empty dreams." [passage omitted]

70 Percent of Nakhon Sawan Men Test HIV-Positive

*93WE0540B Bangkok MATICHON in Thai 14 Jul 93
p 12*

[Excerpt] [passage omitted] Dr. Thawat Suntharacan, the public health officer in Nakhon Sawan Province, stated that blood samples taken at random among people in Nakhon Sawan Province, which has a population of approximately 1.8 million people, showed that 70 percent of the men in all occupational groups tested HIV positive. The figure was 28 percent for women. Of these, 31 percent who tested positive were prostitutes. Studies on sexual practices showed that many men in Nakhon Sawan Province like to use the services of prostitutes, who secretly visit the men where they live. It is difficult for public health officials to reach those prostitutes who ply their trade in secret, because the owners of the brothels refuse to cooperate.

Dr. Thawat said that even if everyone used a condom, the reason why so many men are contracting AIDS is that the use of condoms comprises many steps, from production to the selection of a proper size and how it is put on. And if a prostitute with long fingernails scratches it, it might tear.

A report from the Ministry of Public Health discussed the infants at the Chiang Mai Public Hospital who have the AIDS virus. It has been found that 42 percent of the infants below the age of 15 months have the virus. This number matches the figure found by Dr. Wirat Sirisanthana at the Chiang Mai Maharaj Hospital. Her study found that 46 percent of the children in Chiang Mai have the AIDS virus. However, a study conducted by Dr. Usa Thatsayakon at Chulalongkorn University found that 33 percent of the infants had the AIDS virus. Most of the children with this virus die from pneumonia. [passage omitted]

North Tops Nation in AIDS-Infected Infants

*93WE0540A Bangkok MATICHON in Thai 15 Jul 93
p 12*

[Excerpt] The Ministry of Public Health has disclosed that during the past 5 years, almost 3,000 infants have

contracted the AIDS virus from their mothers. Thirty percent are in the northern region, with Chiang Mai and Chiang Rai having the highest incidence. The World Health Organization estimates that 40 million people will be HIV-positive by the year 2000.

A report issued by the Chiang Rai Public Hospital states that at a national AIDS seminar held by the Ministry of Public Health during the period 7-9 July, the AIDS Division, Department of Communicable Disease Control, disclosed that during the period 1988-1992, a total of 2,973 infants contracted the AIDS virus from their mothers. Of these, 372 were from the north, 237 were from the central region, 48 were from the south, 85 were from the northeast, and 286 were from Bangkok. The northern region had the highest percentage, 32.5 percent. During the period May 1992-30 June 1993, it was found that 610 infants contracted the AIDS virus from their mothers. Of these, 70 have full-blown cases of AIDS, and 35 have died. Infants who contract this virus rarely live very long, and once this disease manifests symptoms, the infants usually die within 4 to 6 months. One of the reasons why infants are contracting this virus is that their mothers once worked as prostitutes.

Dr. Usa Thitsayakon, who is on the faculty of Medicine at Chulalongkorn University, said that during the period May 1988-December 1992, Chulalongkorn University alone treated 128 children with the AIDS virus. Of these, 124 contracted the virus from their mothers, who had AIDS. Three contracted the virus from blood transfusions, and one had worked as a child prostitute. At present, the hospital is treating about 30 children with full-blown cases of AIDS. Most of the infants with AIDS die before the age of 1. [passage omitted]

Development Specialist on AIDS Projections

93WE0517A Bangkok MATICHON in Thai 6 Jul 93
pp 1, 28

[Excerpts] [passage omitted] At 1030 hours on 5 July, Mr. Michai Wirawathaya, the president of the Population and Community Development Association, gave a talk on the role of the police in preventing AIDS. [passage omitted] Mr. Michai said that statistics indicate that by the year 2000, 2-4 million Thais will have AIDS, and the number could reach 6 million unless steps are taken to solve this problem. Today, there are about 600,000 people with the AIDS virus. Of these, approximately 2 percent and 0.6 percent are male and female secondary students, respectively, in northern Thailand. Examinations at the Niranam Clinic have found that, out of every 100 people examined, some secondary and primary school students have the AIDS virus.

Mr. Michai said that unless steps are taken to stop the spread of AIDS, by the year 2000 one of every three AIDS patients will die. It has been found that those with venereal diseases are easily susceptible to contracting AIDS. Statistics show that 36.2 percent of men with a venereal disease also have AIDS, and 10 percent of women who have had a venereal disease have the AIDS

virus. Besides this, 7 percent of those with AIDS had a venereal disease when they were in primary school. Also, 14,000 pregnant women have AIDS, and one out of three of their children will die from this disease within 2 years. As for the other 8,000 infants, even if they contract the AIDS virus, they will almost certainly become orphans because their mothers will die.

"Past surveys have shown that the provinces with the largest number of pregnant women with the AIDS virus are Lamphun, 8.3 percent; Chiang Mai, 5.82 percent; Phayao, 5.56 percent; Trat, 5 percent; and Phetburi, 4 percent," said Mr. Michai.

Mr. Michai said that surveys conducted during the past 12 months among men who use the services of prostitutes have shown that 73.1 percent are from the cities and 80.6 percent are from rural areas. Men in the rural areas are at greater risk of contracting AIDS than are men in the urban areas. This is because they have more than one sexual partner, most of whom are prostitutes.

Mr. Michai said that in view of the fact that police officials have frequent contact with the people, they have a chance to provide the people with information. He said that he has constantly been battling the AIDS disease. But people have viewed his efforts as harmful to tourism. But when surveys were conducted among tourists, 47.3 percent said that they would continue to visit Thailand as usual, because they did not come here to use the services of prostitutes. Another 33.9 percent said that they had a great desire to visit Thailand. Only 4.8 percent said that they would reduce their visits to Thailand. The remaining 10.2 percent did not voice an opinion. [passage omitted]

Health Official: 25 Percent of Prostitutes Have AIDS

93WE0489B Bangkok BAN MUANG in Thai 5 Jul 93
p 6

[Text] Dr. Prayun Kunason, the director-general of the Department of Communicable Disease Control, Ministry of Public Health, was interviewed about the problem of prostitutes and AIDS. He said that the Ministry of Public Health has examined approximately 70,000-80,000 prostitutes. Actually, the number may be as high as 100,000. About 25 percent of the prostitutes have the AIDS virus. And it is expected that the number of prostitutes with the AIDS virus will increase, because the number of prostitutes is increasing.

The director general of the Department of Communicable Disease Control talked about the matter of the Department of Public Welfare, Ministry of Interior, submitting a prostitution control act to the cabinet. This law might impose penalties on those who visit brothels. He said that in his view, the administrators probably have their own reasons. But for doctors and public health officials, if a disease breaks out somewhere, this must be reported. That law won't cause any problem unless it promotes concealing the places where diseases breed.

Because to achieve results in controlling a disease, doctors must know the source of the disease. As for whether brothels should be registered, he said that he does not think that that is very important. All that is necessary is to have data on where they are located so that diseases can be controlled. Otherwise, we will lose an opportunity to tell prostitutes and their customers how to act and protect themselves from venereal diseases.

In conclusion, Dr. Prayun said that Thailand has about 2,260 people with full-blown cases of AIDS, and of these, 928 people have died. There are 2,331 people with AIDS-related symptoms, and 345 have died. It is estimated that about 400,000 people carry the AIDS virus, most of whom contracted the AIDS virus from having sex. Of these, about 66 percent are heterosexual [men], 1 percent are homosexuals, 9 percent are drug addicts, 9 percent contracted the virus from their mothers, 7.5 percent are heterosexual women, and 0.6 percent contracted the virus from receiving a blood transfusion. Men with full-blown cases of AIDS and with AIDS-related symptoms are concentrated in the 25-29 year-old age group, which is a group of working age. Women with full-blown cases of AIDS and with AIDS-related symptoms are concentrated in the 20-24 year-old age group, with the exception of the 100 prostitutes and 94 housewives who have full-blown cases of AIDS.

AIDS Seminar Highlights Infection Trends

93WE0554A Bangkok DAO SIAM in Thai 13 Jul 93
pp 9, 14

[Excerpts] The national seminar concluded that teachers and students at all levels from the elementary schools to the Universities as well as medical students were contracting AIDS. It was revealed that the high level of sexual activity of business and vocational students was the cause of their alarmingly high incidence of AIDS. In addition some students were leaving school because they had the AIDS virus. [passage omitted]

At the police school 1.8 percent of the students had the AIDS virus, and there were 291 elementary students with the AIDS virus. [passage omitted]

Colonel Dr. Thawisak Nopkeson, the head of the surgical division at the hospital in the Phra Naret Maharat

Camp, said that studies done by the Chiang Mai Province Office of Public Health had found that the incidence of AIDS for male upper-level secondary students was 2 percent and it was 0.6 percent for the female students. According to the data from Khon Kaen Province, the incidence of AIDS for young male vocational students was 1.2 percent. Among youths under 16 in the upper North 43 percent were sexually active. In the lower North 26 percent were sexually active. These figures explained the high incidence of AIDS. The Ministry of Education should admit that this is true.

RS. Dr. Kopchit Limpaphayom, a professor in the medical faculty of Chulalongkorn University, said that at the Chulalongkorn Hospital 221 pregnant women out of 41,936 who came to give birth had had the AIDS virus. There had been 25 cases in May 1993. These women were on average 23 years old while the youngest was 15. After these women gave birth or were aborted, 194 were sterilized. There were three medical students who contracted AIDS while assisting women with the AIDS virus give birth. These students should be given special assistance.

Mrs. Prathip Ingsongtham Hata, the secretary-general of the Duang Prathip Foundation, said of the spread of AIDS among those living in crowded areas that the incidence of AIDS among men who worked driving pedicabs was 71 percent. The youth were also sexually active. [passage omitted]

Dr. Prakhong Witthayasai, a professor of medicine in the Medical Faculty of Chiang Mai University, presented the results of an investigation of accidents at work involving fifth and sixth year medical students of the Medical Faculty of Chiang Mai University to the National AIDS Seminar held by the Ministry of Public Health at the Ambassador Hotel. The investigation of these accidents involving 128 medical students found that 97 percent who had suffered accidents while working had come in contact with blood; been pricked by needles; had blood splattered on their eyes, mouth, or nose; or had been cut by a knife. It was noted that 72 percent were pricked by needles while 13 percent were cut by knives. It was also found that 26 percent were not wearing rubber gloves when an accident occurred. After an accident occurred very few advised professors or friends. Of those who did not advise others, 24.4 percent did not because they were afraid that they would be given a blood test for AIDS. [passage omitted]

BULGARIA

Daily Claims 'Miracle AIDS Cure' Developed in Sofia

AU2008132493 Sofia BTA in English 1127 GMT
20 Aug 92

[Text] Sofia, August 20 (BTA)—A Bulgarian-made medicine may prove that miracle AIDS cure which scientists from many countries have been questing for years, writes the daily of the Bulgarian Socialist Party DUMA in its lead story today. Fifty thousand volunteers in the United States are already prepared to pay 6,000 dollars each for a 30-month full course of treatment with the medicine called Factor R.

Seven years ago, a team of the Centre of Infectious and Parasitic Diseases in Sofia under Prof. Bogdan Petrunov registered an invention called "Pharmaceutical Preparation for Immune Therapy and Immune Prophylaxis of Unspecific Infectious Diseases" with a trade name Respivax. This is one of the essential components of the new medicine Factor R. The rest of the components are also Bulgarian. Factor R is not manufactured especially for AIDS treatment.

DUMA gives credit for the idea and its implementation to the Canadian businessman Michael Kapustin, president of the Lifechoice Company. The Canadian businessman contacted Bulgarian institutions doing cancer and immune defence research. He was surprised to find that the Centre for Infectious and Parasitic Diseases had state-of-the-art equipment and excellent experts, DUMA writes.

The Bulgarian products got exceedingly high marks from experts across the ocean, Mr. Kapustin told the daily. They found similarities between the development of the AZT in the United States and of Factor R in Bulgaria. The advantage of the Bulgarian medicine is its lower price.

Michael Kapustin is planning to market the Bulgarian drug in an unconventional way. He will contact directly associations of AIDS sufferers, mostly in the United

States and Canada, but has also applied for a licence of the preparation to the Food and Drug Agency of the Canadian Health Department.

Factor R will be available at Bulgarian pharmacies as well, says DUMA.

CZECH REPUBLIC

AIDS Sufferers Not Permitted To Serve in Army

AU2909213493 Prague MLADA FRONTA DNES
in Czech 27 Sep 93 p 1

["(km)"-signed report: "AIDS Sufferers Cannot Enter Military Service"]

[Text] Prague—Young men in whom the HIV [Human Immunodeficiency Virus] virus, which causes AIDS [Acquired Immune Deficiency Syndrome], has been diagnosed are not allowed to enter military service. Since 1987—the year when AIDS began to be monitored in the former Czechoslovakia—military administrations in the Czech Republic have declared 96 conscripts unfit for active service because doctors diagnosed the HIV virus in them.

During the same period, seven soldiers in whom AIDS had been diagnosed while they were undergoing basic military service have been discharged from the Army.

YUGOSLAVIA

Belgrade Ranks Among Top 10 European Cities in AIDS Cases

AU2309141193 Belgrade Radio Beograd Network
in Serbo-Croatian 1300 GMT 23 Sep 93

[Excerpt] [Passage omitted on Belgrade authorities passing local law] At today's session the councillors also adopted a report on launching a media education campaign against AIDS. Belgrade ranks among the top 10 cities in Europe as far as the number of AIDS cases in relation to the size of the population.

HONDURAS

'Alarming' Increase in AIDS Cases

93WE0551A San Pedro Sula TIEMPO in Spanish
1 Aug 93 p 14

[Text] Tegucigalpa—Over the last decade, a disease that made its first appearance in developed countries among homosexuals and drug addicts who injected intravenously, has become an epidemic affecting millions of people around the world.

The AIDS epidemic has already invaded the entire world. No country is safe, no population immune, and it profoundly affects the lives of children and adolescents, who represent a growing proportion of the population.

The Health Ministry's AIDS control program estimates that HIV (the virus that causes the disease) has infected 60,000 people to date, of whom 2,867 are confirmed AIDS cases.

Of these 2,867 persons, 723 have died, the whereabouts of 487 are unknown, and 1,655 are still alive.

The report states that of the total number of people infected, 550 show some symptoms or full evidence of AIDS, and 954 are asymptomatic carriers, that is, they have the virus but show no symptoms.

The number of asymptomatic carriers can only be detected in the future, which is why their real number is unknown; however, it is estimated that it exceeds 60,000 countrywide, if one starts from the fact that for every proven case, there are 30 to 50 carriers of the virus.

In 1985 four cases were identified, all of them involving homosexuals. In 1986, among the 13 reported cases were the first four women, and since then the trend of the AIDS epidemic has been towards heterosexuals: two-thirds men, one-third women.

According to the statistics, the greatest incidence of cases of men and women occurred in 1990, with 376 and 207 cases, respectively. In 1991 the number of cases declined to 331 in men and 144 in women.

The figures for this year are alarming, because just through July, 301 cases were reported among males, and 173 among females, which indicates that the number of cases by the end of the year will most likely be greater than in 1990.

Health region number 3 (El Progreso and San Pedro Sula) has the greatest number of reported cases, particularly in its capital of San Pedro Sula.

In terms of total distribution, that zone currently has 1,639 recorded cases, followed by Tegucigalpa with 421, La Ceiba with 225, Copan with 204, Comayagua with 162, Choluteca with 99, El Paraiso with 71, Olancho with 34, and La Mosquitia with eight cases.

San Pedro Sula is recognized as the city with the highest reported incidence of the disease, with more than 40 percent of the entire country's cases, together with its neighbor, the city of El Progreso.

According to the statistics, the epidemic has worsened in the northwestern belt, spreading from Copan to Colon, and there are several possible explanations behind this situation.

One of the reasons put forth by the health authorities stresses the proximity of seaports, among them the most important one in Central America, Puerto Cortes, implying sailors on shore leave, or Hondurans returning home with the infection, unfortunately, after working abroad.

Another explanation points to the zone's industrial development, which attracts different types of laborers, encouraging a flow of people seeking temporary or permanent employment. The increasing frequency and diversity of sexual contact is another possible factor in the spread of the disease.

With regard to the most seriously affected age groups, those between 13 and 40 constitute more than two-thirds of the sick and infected.

Most of those who are sick are between 21 and 40, and of these, more than 60 percent are young people between 21 and 30; thus, the economically active population is being affected by the disease. Also alarming is the number of cases among children under 5, born of infected mothers, with 108 cases to date.

In the 16-to-20 age group, more cases of women have been reported (64 percent) than men.

With respect to risky activity or behavior, heterosexuals suffer most from the disease, with 2,264 cases, followed by bisexuals with 245 cases.

In this socio-cultural environment, the rejection of homosexuality is sufficiently strong to force homosexuals to maintain normal relationships, marry, and have children, while at the same time engaging in extramarital relationships that can infect them.

Drug addiction and intravenous transmission are secondary forms of transmitting the disease, while transmission from mother to infant is of increasing concern.

JAMAICA

'Worrisome' HIV Presence Brings Call for Sex Education

FL3009224393 Bridgetown CANA in English
2059 GMT 30 Sep 93

[Text] Kingston, Jamaica, Sept 30, CANA—Five to 10 thousand Jamaicans could be carrying the Human Immuno-deficiency Virus which leads to the deadly

disease AIDS, according to the head of Jamaica's Epidemiology Department, Dr. Peter Figueroa.

Many, according to Figueroa, do not know they are carriers and are unwittingly spreading the virus through sexual activity.

Figueroa told members of the Public Relations Society of Jamaica this week that many Jamaicans had become complacent about the disease, largely because of the relatively smaller number of AIDS (Acquired Immune Deficiency Syndrome) cases here compared (on a per capita basis) to several other Caribbean countries.

He warned, however, that "Jamaica and all Caribbean countries fall into a high infection area."

Official figures show that since the first AIDS case was recorded here just over a decade ago, 537 people have been infected with the disease. Seventy per cent or about 370 people have died.

Figueroa also struck a positive note, however, pointing to an increase in condom use.

A recent study had shown that 50 percent of adult Jamaicans had used a condom in their last sexual contact. Condom use had increased four-fold in the last 8 years to eight million per year.

The target for condom use is 20 million per annum, Figueroa said.

Statistics showed a "worrisome" presence in all the high risk sectors in the country. A survey in the western resort city of Montego Bay, had shown that seven percent of those with repeat cases of sexually transmitted diseases had the HIV virus.

Prostitutes in Kingston and Montego Bay who visited sexually transmitted diseases clinics showed 10 to 40 percent levels of HIV infection respectively.

Figueroa repeated calls for "explicit sex education" for children. He said a World Health Organisation (WHO) study in 17 countries had conclusively refuted suggestions that sex education could lead to early sexual activity and promiscuity.

He identified the "social stigma" attached to AIDS as among the biggest problems facing infected persons as well as health personnel.

The fear of relating to and being in contact with an infected person had the effect of "driving the problem further underground" as people with high risk lifestyles avoided testing or counselling.

The health official challenged public relations practitioners to develop educational programmes in the workplaces to deal with AIDS.

He regretted a "common impulse" by employers to fire people with HIV and called for clear policies to be established governing the treatment of HIV infected people at the workplace.

TRINIDAD & TOBAGO

Vital Statistics Report Shows AIDS Increase

FL1609224493 Bridgetown CANA in English
1542 GMT 16 Sep 93

[Excerpts] Port of Spain, Trinidad, Sept 16, CANA—The population in Trinidad and Tobago last year increased 0.8 percent over 1991 to reach 1,237,381. A recently-released population and vital statistics report by the government's Central Statistical Office said the total mid-year population in 1991 was 1,237,381 representing an increase of 9,938 persons over the 1990 population figure. [passage omitted]

During 1991, 120 deaths were reported due to Acquired Immune Deficiency Syndrome (AIDS) representing an increase of 22.4 percent compared with 98 during 1990.

A review of the data on AIDS-related deaths showed 88 or 73.3 percent were males and 32 or 26.7 percent females.

A further evaluation by age group indicated that the highest mortality occurred to persons between 30-39 years and 20-29 years and accounted for 38.3 percent and 27.5 percent respectively of total deaths from AIDS.

The city of Port of Spain and the county of St. George in the eastern region accounted for 75 percent of the recorded deaths from AIDS. [passage omitted]

INDIA

Ministry Gives Latest Statistics on AIDS

93WE0509 Madras *THE HINDU* in English 15 Jun 93
p 9

[Text] New Delhi, June 14—By May end, 336 full-blown AIDS cases have been detected in the country, of which 86 are women. The figure also includes 1 foreigners, including four women. [as published]

According to the National AIDS Control Organisation (NACO) of the Health Ministry, of the 17,30,878 [as printed] cases screened by May 31, 12,066 proved to be HIV positive.

Sources said that it was not known how many infected persons have developed AIDS. But it is estimated that 2 to 50 percent will develop the disease within five to 10 years of showing HIV positive.

To meet the challenge, the Government has drawn a plan to include NGOs (non-governmental organisations) in awareness, control and treatment of AIDS.

Stating this here today, the director of NACO, Mr. P.R. Dasgupta, said Rs. 6 crores had been earmarked for projects to be undertaken by NGOs under State Governments, but the funds could be supplemented later.

Guidelines formulated: Mr. Dasgupta said guidelines have been formulated in consultation with State Governments and 14 objectives, to be pursued by NGOs identified. A State would choose a tried and tested NGO involved in community development to function as the nodal agency. The technical advisory committee of the NACO would coordinate with the nodal NGO through the AIDS control cells, being set up in all States. Each cell would have a NGO adviser on a contract basis. The nodal NGO would collaborate with the NGOs interested in taking AIDS prevention and control activities, and the control cell. But State Governments would be free to choose their objectives.

Nation Seen Heading 'Towards Castastrophe' as AIDS Cases Skyrocket

93WE0503B Calcutta *SUNDAY* in English 17 Jul 93
pp 48-49, 51

[Article by Ketan Narottam Tanna: "The Race Against AIDS"]

[Text] India is just beginning to see the tip of the iceberg. The number of full-blown AIDS (acquired immunodeficiency syndrome) patients is still small in this country. But the rate at which the disease is spreading is alarming. Recent studies have revealed that as years roll on and those infected with HIV (the human immunodeficiency virus that causes AIDS) multiply, India is going to be gripped by an epidemic that continues to baffle mankind. And the effects of such an eventuality on a resource-strapped country is sure to be traumatic.

A study carried out by the government revealed in March this year that there were 310 reported AIDS cases in the country. By the end of this century, or in another 7 years, however, the number is expected to rise to a staggering 10 lakh. And this certainly is no alarmist projection.

The first AIDS case in India was reported in 1986, and statistics bear out that the increase, in the next 7 years, has been more than 300 percent. According to current estimates, more than 10 lakh Indians are carrying the AIDS virus, and a majority of them are daily infecting thousands of others without knowing that they are doing so.

In November 1992, the ministry of health and family welfare, in with the World Health Organisation (WHO), began an exercise to assess the actual level of HIV infection in the country. Having extrapolated available data on prostitutes, drug users, antenatal clinical attendants and blood donors, the investigators concluded that the number of HIV-infected persons in India, in 1991, exceeded 6,00,000. [as printed]

In a parallel exercise, the nationwide survey, which started in October 1985 and ended in March this year, tested 16,59,412 individuals for HIV and 11,895 were found to be positive. The rate of incidence showed a steep rise over the years: from 2.5 per 1,000 in 1986 to 11.2 in 1992.

HIV-infected individuals were found in most states except Tripura, Arunachal Pradesh, Sikkim and the Union Territories of Dadra and Nagar Haveli, Daman and Diu and Lakshadweep.

And a significant aspect of the findings was that more females were found to be affected than males.

"The AIDS situation in India is pretty grave and the virus is spreading rapidly. What we are seeing now is the tip of the iceberg as the incubation period for AIDS ranges from three to 15 years. I fear that if it is not controlled properly, AIDS will explode in the form of an epidemic by the turn of this century," says a worried P.R. Dasgupta, additional secretary and project director of the National AIDS Control Organisation (NACO).

C.J. Van Dam, WHO adviser on sexually-transmitted diseases, corroborates Dasgupta: "The AIDS virus is well-established in India. There is a silent epidemic where thousands are being infected."

Van Dam, who is also an adviser to NACO, warns, "Ten years hence we will see another epidemic—in the form of various AIDS-related diseases like tuberculosis (TB), etc. This will be followed by a socio-economic epidemic. Large sections of the Indian workforce would be retrenched because of AIDS and the related diseases. This in turn will cause upheavals in the economy. As a result, the entire society will undergo major changes."

The situation, it is feared, will become particularly critical because AIDS appears to strike the 20-40 age

group as compared to older people. This would mean that a sizeable segment of the country's most productive workforce will be put out of action.

Contrary to popular perceptions, heterosexual promiscuity is a more serious reason for the spread of AIDS as compared to homosexuality and other forms of transmission like blood transfusion, intravenous injections and drug abuse. In fact, a majority of the AIDS-infected cases reported in India so far have been the result of heterosexual promiscuity—except in the north-east, where drug abuse is the primary cause.

Realising the gravity of the situation, the Centre initiated the National AIDS Control Programme (NACP) in 1987 with the aim of arresting the infection by stepping up surveillance and social mobilisation through health education.

In 1990, the government, in consultation with WHO, prepared a mid-term plan for the prevention and control of the disease in India during the next 3 years. But AIDS is spreading so fast that neither this plan nor the NACP is enough to cope with the situation.

The programme was handicapped by various constraints such as financial shortages and inadequate infrastructure. The government then decided to constitute NACO in collaboration with WHO, in June 1992, as a separate wing in the health and welfare ministry to tackle the menace. The funds came mainly by way of a \$84 million World Bank soft loan, repayable after 35 years.

WHO is providing technical aid and assisting NACO in mobilising financial and infrastructural support from UNICEF, UNDP and ILO. Specific projects are also being funded by bilateral donors such as the Swedish International Development Authority (SIDA), US Agency for International Development, Norwegian Agency for Development and the European Community. The projects include the training of physicians and education of health workers in Maharashtra.

The National AIDS Control Board (NACB) helps NACO in getting its policies and budgets approved. Realising the importance of its work, the finance ministry has put its own representative on the Board, thus doing away with the need for separate references to the ministry for monetary sanctions.

In order to combat the ready-to-erupt AIDS volcano, NACO and NACB have drawn up a strategy comprising the following components:

- Strengthening the management capacity for HIV control.
- Promoting public awareness and community support.
- Improving blood safety standards.
- Building surveillance and clinical management.
- Controlling sexually transmitted diseases.

On the basis of this broad-based strategy, NACO is liaising with various ministries and official committees as well as non-governmental organisations. It has provided financial assistance to the department of youth affairs and sports for a programme to spread AIDS awareness among the youth. The programme titled 'Universities Talk AIDS' has been a big success.

Mahesh Mahalingam, a national youth consultant to NACO, told SUNDAY, "Universities Talk AIDS, which was initiated in 1991, is now gearing up to reach all major universities and plus-two level students in collaboration with the National Service Scheme (NSS). Both NACO and WHO have produced a series of educative literature and are in the process of developing a comprehensive training module for youth leaders."

Besides educating the youth, NACO is using folk forms such as nautanki, puppetry and magic shows to spread awareness among the rural people. It is also in touch with industries, and the possibility of sponsorship from the Indian Tobacco Company (ITC) for intervention projects in the red-light areas of Calcutta are being explored.

Interventions are planned among high-risk groups including drug users, migrant workers, military personnel, truck drivers, pimps, etc.

But NACO and NACB officials have realised that government efforts are not enough. When it comes to reaching the high-risk groups, the government finds itself woefully handicapped. That's where the non-governmental organisations (NGOs) step in. "It has been repeatedly acknowledged by NACO that NGOs are necessary and complementary factors as it is beyond the realm of either the Union or the state government to tackle this problem alone," explained P.R. Dasgupta.

NACO has decided to set aside Rs 6 crore to fund AIDS control programmes taken up by the NGOs. Recently, it released guidelines for their activities during the financial year 1993-94. These groups are expected to work among sections that are not easily accessible—and less so to government officials—such as prostitutes, pimps, professional blood donors and homosexuals.

HIV in India

As on 28 February, 1993

State/UT	No. of people tested	No. found HIV positive	HIV positive as percentage of No. tested
Jammu & Kashmir	2,374	3	0.15
Himachal Pradesh	9,648	11	0.11
Haryana	65,586	39	0.06
Delhi	2,19,691	745	0.34
Rajasthan	14,503	14	0.1
Uttar Pradesh	43,536	265	0.60

HIV in India (Continued)

As on 28 February, 1993

State/UT	No. of people tested	No. found HIV positive	HIV positive as percentage of No. tested
Bihar	6,159	1	0.02
Assam	6,498	4	0.06
Nagaland	1,239	112	9.04
Manipur	13,398	12.94	
Mizoram	3,000	20	0.67
West Bengal	79,556	81	0.10
Orissa	13,789	1	0.01
Madhya Pradesh	36,046	44	0.12
Gujarat	1,18,517	237	0.2
Maharashtra	1,67,584	5,034	3.0
Andhra Pradesh	29,690	96	0.32
Goa	42,599	196	0.46
Karnataka	1,49,665	208	0.14
Pondicherry	31,173	421	1.35
Tamil Nadu	5,16,057	2,311	0.45
Kerala	29,345	106	0.36

(Source: National AIDS Control Organisation)

NACO has several ambitious plans, but the spadework is not yet complete. "Our work has just begun. We are getting our act together," confesses Dasgupta and says that the country must race against time if a catastrophe is to be averted.

Adds C.J. van Dam, "India is fortunate enough that the AIDS virus appeared almost 5 to 6 years after it first appeared in Africa. The Indian government has already taken constructive steps to control AIDS. But as we all know, that there is no cure for AIDS yet. And according to our estimates, even when a vaccine for AIDS is invented, the earliest that it can enter the commercial market will not be before 2015."

And that is a long, long time away. Till then, the country will have to go by the old adage: prevention is better than cure.

Number of HIV Infected Persons Reported To Be One Million

93WE0503A *Bombay SUNDAY OBSERVER in English* 25 Jul 93 p 12

[Article by Anshu Shourie: "1 Million AIDS Cases in India by 2000 AD?"]

[Text] India is on the verge of being condemned to a death sentence by AIDS, a disease that is threatening to take an epidemic proportion in the country within the next decade.

It is estimated that by the year 2000, India will have more AIDS cases than the entire world today. At present approximately 1 million Indians are reported to be infected with the Human Immunodeficiency Virus (HIV).

On a global scale, at least 80 percent of HIV cases are in the developing countries and Southeast Asia has seen "the biggest proportional jump of 63 percent in AIDS cases," according to a report released by the World Health Organization (WHO).

The report said that people most at risk are the poor, particularly the women who do not have any knowledge or power to protect themselves against the infection.

A study conducted by the Indian government in March 1993 reveals that the rate of incidence of HIV infection per 1,000 individuals has risen from 2.5 percent in 1986 to 11.2 percent in 1992.

Currently there are 310 full blown cases of AIDS in India. Most Indian states have reported cases of AIDS except for Sikkim, Tripura, Arunachal Pradesh and the union territories of Dadra and Nagar Haveli, Daman and Diu and Lakshadweep.

Crisis Ahead

If this is viewed as a difficult situation now, it will be a crisis in the next 10 years when a million cases of full blown AIDS will start to show up in the Indian hospitals. AIDS could well be the sole cause for the collapse of the medical infrastructure which is already under severe strain.

A sad reality is that most deaths due to AIDS are in the age group of 20-50 years. Therefore, the deadly disease poses a serious threat to the very fabric of Indian society. According to WHO, the AIDS pandemic is likely to cause "social disintegration and political turmoil in developing countries, especially India."

Dr. Raj Bothra and Dr. Hari Pandya, Chair and Co-chair of the AIDS committee of Association of American Physicians from India (AAPI), have done extensive research in AIDS. They believe that the basic factors involved in the rapid spread of AIDS in India are heterosexual promiscuity and transfusion of contaminated blood.

Women and AIDS

More females are reported to be infected with the virus than males, according to WHO. A healthy woman is more likely to get infected during vaginal intercourse with a HIV-positive man than vice-versa. The increase in HIV infection among women is attributed to the gender inequality which makes it difficult for them to control their sexual lives.

In Indian society "sexual decision making is generally left to men since the women are either economically or

socially dependent on their male companions," according to officials at the Indian Health Organization (IHO).

Also some sections in India accept male infidelity without any protest. Several women refuse to acknowledge their partners' promiscuous behavior, either because they are not in a position to change the situation or because they fear rejection, the officials added.

Rapid Infection

Indulgence in prostitution is perhaps the most rapid means of spreading HIV. Crammed in tiny houses sex workers are forced to live under extremely unhygienic environment. Such deplorable conditions harvest the spread of HIV.

In 1991-92, 25 percent of prostitutes tested were infected with the virus. This number rose to 40 percent in 1992-93! At an average a prostitute is visited by six customers every night. If one can only dare to imagine the number of people that every set of six customers in turn have sexual intercourse with, it becomes impossible to ignore the situation.

Hence, in Sonagachhi, Calcutta's notorious red-light area, a peer group was initiated which comprises 50 motivated sex workers. These women have taken upon themselves to distribute condoms among their colleagues which can help prevent Sexually Transmitted Disease (STD) and cut down the risk of HIV infections.

Every morning these activists assemble in a small clinic to collect their quota of contraceptives. They are paid Rs. 25 for their efforts.

Calling AIDS "a blessing in disguise," a sex worker and an activist in Sonagachhi, Asha Sadhukhan said, "...we are getting to do something good out of this horrible business. I am very happy that I can actually make a difference in this society."

Dr. A. Das, project coordinator and the head of the program's medical team said, "The reason for choosing Sonagachhi was that it is the biggest red-light area in the city and houses more than 6,000 sex workers."

The program has a "three-pronged strategy," educating the sex workers, promoting the use of condoms and detecting AIDS along with other STDs.

Commenting on the success of the program, Das said, "Initially the pimps and the madams created a lot of hassle. They thought that the project would hamper their business but sustained efforts helped to win their confidence."

This program was also launched in Bombay and Delhi. Unfortunately, pimps in Bombay stabbed the doctors who were supposed to work in the program and things did not proceed any further.

In Sonagachhi too, there are problems that are hard to tackle. For instance the program managers have not been successful in getting the support of the Nepali community which accounts for about 15 percent of the total sex workers in the area.

According to Dr. Das, the main reason is that the Nepalis still see themselves as foreigners and are resistant to the Indian authorities.

Infected Blood Supply

The transfusion of contaminated blood is another major factor for the spread of HIV. Out of the 1,016 blood banks in India, 600 are not licensed. The remaining 416 are not tightly regulated. "As much as 50 percent of blood transfusion in India may not be necessary," according to Dr. Bothra.

"Also more than 50 percent of the demand for blood supply is sufficed by professional blood donors, many of whom indulge in prostitution and IV drugs," Dr. Bothra added.

IHO conducted a study on professional blood donors who receive Rs. 25-250 (\$2-10), for every 300cc bottle of blood. Out of the blood donors tested 86 percent tested positive for HIV!

Lack of Initiative

Since a cure for AIDS is nowhere in sight it is imperative that preventive programs are designed and implemented effectively to contain the disease. The Indian government has done little in this respect even though ramifications of the disease are deadly.

The single most important factor for lack of initiative is the ignorance about the nature of this disease. All levels of Indian society are infested with misconceptions regarding the transmission of HIV.

To cite a specific example when NRI doctors visited India to put forth a joint effort for combatting the disease, they had to explain to the former cabinet minister of Health and Family Welfare, Makhanlal Fotedar, about AIDS.

"We were both shocked and embarrassed that Fotedar had to be informed about AIDS and its connection with the use of IV drugs," said Dr. Hari Pandya.

Campaign Safe Sex

Many social workers in India are of the opinion that social factors are in part responsible for ineffectiveness of the few preventive measures started by the government.

Contrary to traditional belief, the number of individuals who indulge in premarital sex is increasing in both urban and rural areas. Instead of ignoring or condemning the evolving sexuality, attempts should be made to educate the masses. Safe sex campaigns among the sexually

active population (including teenagers and sex workers) should be emphasized, according to social workers.

Myths Among HCW

Several myths continue to prevail about the virus even in the medical field. Health Care Workers (HCWs) in India fear getting infected from a HIV-positive patient. According to Dr. Bothra, "though some concerns are justified others are clearly exaggerated. Besides medicine has never been a zero risk profession."

Citing a current study on HCWs, he said, "...thus far only 1,962 participants have sustained percutaneous exposure to HIV infected blood. Of these only six have manifested serological evidence of the HIV infection, an infection rate of 0.32 percent. In contrast the risk of acquiring Hepatitis B after the needle stick is somewhere in the neighborhood of 30 percent."

Pointing out that Hepatitis B is at least 100 times more contagious, Bothra said. "The fear of occupational acquisition of HIV by the HCWs should be evaluated in the light of epidemiological evidence."

Education about the proper precautions regarding exposure to the body fluids should be emphasized for HCWs. "The minimal chances of a HCW getting infected with HIV can be further reduced if necessary precautions such as washing hands promptly, appropriate hand barrier (wearing two pairs of gloves), avoidance of injury with infected needles, etc., are taken seriously," Bothra added.

Funds Utilized Poorly

Commenting on the misappropriation of funds Dr. Pandya said, "Recently the World Bank gave a large AIDS fund to the Indian government. A conference was organized with those which included prominent doctors from all over the world. The ticket to that conference was priced at about Rs. 11,000. Excluding a few Indian doctors how many could have possibly afforded a Rs. 11,000 ticket?"

"Doctors who basically cater to the villages and slum areas do not get enough in salary to attend such lavish medical conferences. Who benefitted from this conference? Only doctors invited from other countries on the expense of the Indian government," he added.

Poor management of funds is indeed a sad waste of resources. According to Dr. Bothra, "The Government and the private sector should join hands to educate, test and treat the sexually active population of India."

The threat of AIDS cannot be ignored any longer. To wait is to languish. And in this case the price that India could pay in terms of human lives is phenomenal.

5 Million AIDS Cases by Year 2000 Predicted

BK2308120493

[Editorial Report] Calcutta ANANDABAZAR PATRIKA in Bengali on 18 August 93 reports: "The number of AIDS patients in India will rise to five million by the year 2000 if measures are not taken to contain the disease. This warning was given by Dr. Sri Ram Prasad Tripathi, director general of the Indian Council for Medical Research. He said that at present the total number of AIDS victims in the country is about one million. The largest concentration of AIDS patients is in the three northeastern states of Manipur, Nagaland, and Mizoram."

AIDS in Northeast Part of Country Seen as 'Time Bomb'

93WE0493A Calcutta THE STATESMAN in English
7 Jul 93 p 7

[Text] Guwahati, July 6—An AIDS time bomb is ticking away in the North-East where the number of drug addicts is swelling everyday, thanks to lack of health care and awareness, says PTI.

A survey conducted in the seven North-Eastern States has revealed that the entire region has become the latest haven for drug addicts, one of the most vulnerable groups, due to lack of education, a conservative outlook and a long border with foreign countries.

According to the survey conducted by the National AIDS Control Organization, the highest number of HIV positive cases was reported from the drug-infested State of Manipur where out of 13,398 persons screened, 1,734 tested positive with four reported full blown cases.

In Nagaland, out of the 1,239 persons screened, as many as 112 tested HIV positive with a maximum number of teenagers.

According to the survey, there were 20 HIV positive cases among 3,000 people screened in Mizoram and 345 in Meghalaya.

In Assam, while the statistics have been low, cases were reported from among villagers who are not in a position to come to the city and undergo tests due to a strong conservative society.

Of the samples screened up to March this year, only one case of full blown AIDS was detected in the State, but with only three health centres catering to the testing procedures in the city, the study did not rule out the presence of a higher number of infected persons.

The Rhino Feature and the Society for Promotion of Youth and Masses, a non-governmental organization, which conducted a survey last year in Guwahati city, says that about 19 percent of the population were drug addicts which included the age group of 16-35 years.

The SPYM Guwahati unit president, Dr Chiranjeeb Kakoty, said a survey conducted in Shillong revealed that 15 to 20 percent of the respondents in the age group of 16-35 years used drugs ranging from alcohol, heroin and brown sugar which included girls staying in hostels.

The survey revealed that most drug addicts came either from higher or lower socio-economic status families with the middle class not affected in a big way.

While the rich have money to purchase the drugs, the poor have nothing else to have other than drugs, Dr Kakoty said.

The NACO, in its nationwide survey till March this year, found that 11,849 persons tested HIV positive out of a total of about 1,70,000 [as printed] screened while for every 1,000 persons, 7.14 percent cases were HIV positive. Besides, 39 homosexuals also tested HIV positive in the survey.

With the WHO projecting that by 1995 there would be 3,398,390 HIV cases in the country and 204,263 AIDS victims, it was high time an awareness programme was introduced, Dr Kakoty said.

For the first time in the country, the SPYM president said, an innovative programme would be launched in the city called "Drug abuse and AIDS helpline" where patients needing help would call up a telephone number for advice.

The SPYM had also launched a Drug Abuse Resistance Education programme where volunteers approach educational institutions and discuss with the students various facets of drug abuse.

Reportage on Prevention, Spread of AIDS

Madras Symposium, Countrywide Statistics

93WE0564A Madras THE HINDU in English 9 Jul 93
p 4

[Text] Madras, July 8—Creating supportive public policies and developing comprehensive, large-scale sustainable programmes are necessary to combat the spread of HIV infection and AIDS pandemic, according to Dr. Peter Lamptey, Vice President of AIDS Programme of Family Health International.

To combat the spread of the disease it is also necessary to provide adequate condoms (for controlling sexually transmitted diseases) and STD drugs, and increase the resources for HIV prevention.

Dr. Lamptey was addressing a symposium on "AIDS prevention and control" organised by the Voluntary Health Services, Adyar, at the State AIDS Cell.

He pointed out that most of the programmes to prevent the spread of HIV infection the world over were effective. However, these did not have any great impact on the AIDS epidemic as a majority of them were organised on a "very small scale."

Dr. Lamptey, who is also the Director of the USAID-funded AIDSCAP Project, felt that ensuring that every pint of blood collected for transfusion was safe would not alone check the spread of the disease. This was because in most of the countries sexual transmission accounted for over 95 per cent of the cases.

Mr. K. Inbasagaran, Health Secretary, who presided said the Government was mapping out a district-wise strategy to tackle the disease. About 50 percent of the budget allocation for AIDS control would be spent on special intervention programmes and all possible infective areas would be covered.

He said that Government funds for AIDS prevention and control, including those given by the World Bank, would be released shortly.

Spurt in full-blown cases: Dr. K. Venkateswara Rao, Director, AIDS Prevention and Control Project, VHS, said Tamil Nadu and Maharashtra were leading the country in AIDS cases, followed by Punjab, Haryana, Delhi and Kerala. A spurt in the detection of full-blown cases was seen in 1992 when 227 cases were reported.

In India, he said, multi-partner sex was a leading cause of AIDS followed by blood transfusion and sharing of unsterilised equipment. As many as 83 percent of the total cases were indigenous and 90 percent of them was accounted for by people below the age of 50. If the same pattern of transmission continued, by the turn of the century the country would have about five million infected persons and those with AIDS would exceed one million.

Dr. K. Radhakrishnan, Project Leader, State AIDS Cell, proposed a vote of thanks.

AIDS in Goa

93WE0564B Bombay THE TIMES OF INDIA
in English 10 Jul 93 p 9

[Text] Panaji, July 9—The chief minister, Dr Wilfred D'Souza, disclosed on Tuesday that as many as 79 HIV carriers have been identified in the state till the end of last month while one person has been found to be suffering from AIDS.

As of date the state of Goa has 285 HIV carriers and eight cases of full blown AIDS.

Dr D'Souza in reply to an unstarred question by Mr Dominic Fernandes in the state assembly, said that last year 134 HIV carriers were detected while three persons had developed AIDS.

The trend does appear alarming as in 1987 only three HIV carriers were detected while within 5 years the number of cases detected jumped up to 134.

The chief minister said that in the 6 months of this year as many as 419 malaria cases have been detected in Goa.

Replying to another question he said that the number of malaria cases detected has been increasing steadily each month this year.

While in January the number of cases detected was 37, in February it went up to 48. In April 62 cases of Malaria were reported.

AIDS in Tamil Nadu

93WE0564C Madras *THE HINDU* in English
17 Jul 93 p 3

[Text] Madras, July 16—The State AIDS cell has detected 132 full-blown cases of AIDS in Tamil Nadu, up to May-end.

The cell sources said 5,43,378 [as printed] sera samples were screened up to May-end by the cell and the testing centres in the State. Of these, 2,311 samples had been found to be HIV positive by a confirmatory test for HIV, the Western Blot test.

To screen blood samples for HIV, the cell had provided ELISA kits to 11 zonal blood testing centres. Some Government blood banks had been provided Serodia kits, which were also used to test the presence of the virus. There are 88 Government blood banks, 61 private blood banks and 13 zonal blood testing centres in the State.

The cell received monthly reports from the blood banks in the State regarding the samples found to be HIV positive. Reports on the prevalence of Sexually Transmitted Diseases were also collected from the 55 STD clinics in the State.

Training: The cell planned to train personnel working in blood banks, including private ones, about HIV testing and ways to handle infected blood. Training for laboratory technicians in Government hospitals was also being taken up. Under the programme, every month two batches of technicians would be trained for a week at the AIDS cell here.

The cell had already conducted seven training programmes for medical officers, multipurpose health workers and other para-medical personnel.

About 30 community awareness programmes with the participation of non-governmental organisations had already been organised. To propagate the idea of safe sex, the cell would distribute condoms, the sources said.

AIDS in New Delhi Prison

93WE0564D Hyderabad *DECCAN CHRONICLE*
in English 19 Jul 93 p 10

[Text] New Delhi, July 18 (UNI)—The detection of a suspected Human Immunodeficiency Virus (HIV)-positive inmate in the capital's Tihar Central Jail has forced the authorities to design measures to control the spread of the Acquired Immune Deficiency Syndrome (AIDS) in prisons.

According to the Inspector-General of Delhi Police (Prisons), Mrs Kiran Bedi, the inmate suspected of being HIV-positive is a Frenchman who was picked up sometime back in connection with a drug offence.

Mrs Bedi said a blood sample of the affected inmate had been sent for confirmatory tests to the All India Institute of Medical Sciences (AIIMS) but the results had not been received.

In the meantime, the Frenchman has been isolated as a precautionary measure, but all these steps were taken only after the jail authorities were alerted by the French Embassy about the man.

The case has highlighted the inadequacy of prisons in the country as far as handling people infected by the deadly virus is concerned and most of them do not even have preliminary facilities for screening tests.

The authorities in Tihar jail, in cooperation with the National AIDS Control Organisation (NACO), are, however, planning an intervention programme for the increased awareness among prisoners about AIDS.

Mrs Bedi said a team of officials from the NACO, accompanied by a World Health Organisation (WHO) Education Officer, visited the jail last month to work out a way to implement the programme.

It was decided to hand over the job of carrying out the programme to a voluntary group to study the conditions obtaining in the jail and design an appropriate strategy.

The possibility of distributing condoms among the prisoners was also discussed during the meeting, but Mrs Bedi said this might not be a priority requirement since the overcrowded conditions provided little opportunity for homosexual contacts between the inmates.

She said a three-member team comprising two persons from a voluntary group, and a NACO official came to the prison on Friday last and interviewed the prisoners as well as jail officials.

Working on the data collected, the voluntary group is expected to design a package programme to educate the prisoners about the dangers of HIV infection and high risk behaviour.

The education programme will be target-group specific and will also pick out the better educated of the prisoners and make them part of 'train the trainer' drive.

Prison doctors and other staff will also be educated about HIV and how to handle HIV positive cases without violating confidentiality to which prisoners are as much entitled as those who live outside.

The NACO action comes in the wake of guidelines issued by the WHO which has recommended sweeping reforms in prisons to control the spread of AIDS during the Ninth International Conference on AIDS held in Berlin last month.

The WHO guidelines recommend that condoms should be made available to prisoners if any possibility of sexual intercourse exists while intravenous drug users should be provided with needle-exchange programmes.

According to the WHO, prisons represent a significant factor in the transmission of HIV because there is a higher rate of the disease among prisoners as compared to the general population.

Dr Michael H Merson, Director of WHO's global programme on AIDS, has said the guidelines emphasise the link between prisons and the world outside. The guidelines are based on the premise that individuals have the right to health care, including preventive care. If prisoners have access to the same effective prevention methods that are available outside the prison, it will benefit everyone.

Deaths From AIDS on the Rise in Maharashtra

93WE0586A Madras *THE HINDU* in English
16 Aug 93 p 11

[Text] Bombay, Aug 15—As many as 65 of the 117 persons with confirmed AIDS have died in Maharashtra, mostly in Bombay since 1986 while more AIDS cases and deaths occurred since 1991 than they did in the earlier 5 years. But there is no official word if there is an increase in the pace at which the scourge is spreading.

Maharashtra Government has reported that a majority of 12,089 HIV positive cases, was due to heterosexual and homosexual activity and only 6.13 percent is either blood donors or recipients. A small percentage comes from those who were put on dialysis.

With the country's biggest red light area with an uninhibited trade by sex workers and the relatively higher incidence of open gay activity, it is perhaps not unnatural that more of the cases have emerged from both the heterosexual and homosexual categories. It is the biggest contact point.

However, it is quite likely that most of the consciousness towards preventive measures, including the popularizing the slogan "same person, more ways" to promote single partner norm, has come from the voluntary agencies like the Indian Health Organization, Saheli and Prerana. The Government has downplayed special wards for AIDS cases in city hospitals.

Changing Attitude

"The idea," a spokesman said, "is that AIDS being what it is, it would be better—and it is indeed safe—to treat them in normal wards with other patients." JJ group of hospitals in South Central Bombay had one exclusive ward. Attitudes are "very slowly changing" among the medical professionals, knowledgeable workers who have been promoting use of condoms say.

Statistically, 6,196 HIV positive cases (51.25 percent) are from the high-risk heterosexual category and 5,013 (41.48 percent) are "others" including homosexuals and dialysis patients. Only 15 persons (0.12 percent) are intravenous drug users and 741 (6.13 percent) are blood donors or recipients. They may have been administered contaminated blood products.

Also, the profile of the HIV positive cases has "not changed in the past 3 years," according to a Government spokesman, who said that "we do not have a very correct profile of the rate of incidence among the homosexuals. It could be that 30 percent of the gays tested may have tested positive but we do not have documentation on that."

Though some circles may say that the fears of the Maharashtra Government were excessively alarmist—perhaps that view point may be needed to put some jolt in anti-AIDS programs—but the spokesman said that "we are striving to see that a situation like the one in Africa where AIDS is so widespread that in some areas young men are non-existent does not emerge here."

Towards this goal, the Government, which has a mere Rs 2.61 crore per year as budgetary provision, has got a promise from the World Bank recently to secure an additional Rs 5 crores yearly "so that the real impact of the anti-AIDS effort is felt." It is the only State to have an AIDS control cell and a board, the latter headed by the Chief Secretary to enable quick decisions.

A claim made is that as of now, especially in Bombay, "not a single bottle of contaminated blood is acquired or given out" by any of the registered blood banks, their numbers being 46 zonal blood banks and 165 licensed blood banks. As many as 67 of them "are to be modernized up to 1995-96 in a phased manner."

Returnees From Gulf Treated for AIDS

93WE0587A Bombay *THE TIMES OF INDIA*
in English 7 Aug 93 p 7

[Article by P.K. Surendran]

[Text] Trissur (Kerala)—Over 200 Gulf returnees, most of them having been sent back for testing HIV positive, are undergoing ayurvedic treatment for AIDS in three clinics and hospitals in north Kerala.

This could be the proverbial tip of the iceberg, for travel agencies confirmed the increasing inflow of returnees for "health" reasons. It is not just Indians. Many workers of

different nationalities are being sent home—their passports clearly stamped HIV positive.

Many Gulf countries have now resorted to periodic tests to sift out HIV carriers and are dispatching them back by the next flight. However, this is being done only after the confirmatory Western Blot.

Twenty three of 28 patients undergoing experimental herbal cure for HIV and AIDS, in Amala hospital in Trissur are Gulf returnees. Seven of them are women and three are from north India. Two patients have reportedly died already.

For obvious reasons, medical practitioners are reluctant to reveal details of patients undergoing treatment. The pathetic tale of a young woman of Kilimanoor who is said to have contracted AIDS from her husband is still fresh in public memory.

The Nupal Ayurveda Pharmacy and Clinic in Kochi has a queue of people, half of whom were one-time employees overseas, mostly in the Gulf. The firm is secretly working on an ayurvedic formulation which it is confident will be successful. The patients undergoing treatment are certified sero-positive and have shown improvement in body weight and white blood corpuscles, a couple of months after the treatment began.

Fair Pharma of Mr T.A. Majeed at Ernakulam, which has been receiving a great deal of media attention, claims to have treated several hundred HIV carriers of whom a considerable number are Gulf returnees. While the firm could not give a precise break-down, many are Gulf returned Malayalees, Mr Majeed said.

Dr M. Kesavan, chief physician of the Ayurveda hospital of Amala in Trissur said all these sero-positive were under 30 years of age. "A common thing I learned from them was that all except one admitted to have had many contacts with sex workers in Bombay where they have invariably stayed and worked before securing jobs in the Gulf. Only one seemed to have contacted the virus through blood transmission."

Relating to the TOINS, the heart-rending stories of youngsters whose dream world had crumbled after being certified sero-positive, Dr Kesavan said one of the young men who had thus lost his Gulf job and was shattered to know of the test wanted to commit suicide as he thought his newly-wed wife and their unborn child too had contracted the disease. The test proved positive for the woman but negative for the baby after its birth. The man and woman were given ayurvedic drugs and have showed physical improvement. The young man has regained enough confidence to resume his old job in Bombay.

However, Dr Kesavan is cautious. "The treatment so far is not remarkably encouraging. There are some encouraging responses but we would rather wait a few more months or perhaps a year before we claim to have a remedy." Not wanting to contradict those claiming to

have ayurvedic cure for AIDS, Dr Kesavan nevertheless said he was highly skeptical of such claims.

More disturbing than the AIDS scene is the utter lack of official information on how many people are returning home from the Gulf and why. This correspondent spent 2 days and made scores of telephone calls—all in vain—to every possible source from the Reserve Bank of India to the protector of immigrants. None of these, not even the immigrant counter at the Thiruvananthapuram airport has any data of those sent back for being HIV positive.

Calcutta Prostitutes Launch Movement to Prevent AIDS

93WE0503C Calcutta SUNDAY in English 17 Jul 93
p 50

[Article by Sahely Banerjee: "Helping Themselves"]

[Text] "Thank God this deadly disease (AIDS) came along," said Asha Sadhukhan, a sex worker in Sonagachhi, Calcutta's notorious red-light area: "That is why we are getting to do something good outside of this horrible profession." Asha beamed with pride as she said these words. For, as part of a peer group, she is helping to change the norms of the world's oldest profession.

The peer group consists of 50 motivated sex workers who have taken it upon themselves to distribute cartons of condoms among their colleagues to prevent sexually transmitted diseases (STD) and HIV infection.

Sporting green coats, they assemble in a small clinic every morning, and collect their quota of contraceptives for use by the hundreds of prostitutes holed up in dingy quarters. These activists are paid Rs 25 per day, and are happy "doing something constructive," as Sushama Sarkar, another peer educator, put it.

It all began when, for the first time in India, a community-based sample survey of STD and HIV infection was carried out in Sonagachhi between April and June last year. The survey was conceived and financed by WHO and executed by the department of epidemiology of the All India Institute of Hygiene and Public Health (AIIPH), the School of Tropical Medicine (STM) and a few non-governmental organisations.

"The reason for choosing Sonagachhi was that it is the biggest red-light area in the city and houses more than 6,000 sex workers," said Dr A. Das, project coordinator and head of the programme's medical unit.

"Our programme had a three-pronged strategy," said Professor A.K. Chakrabarty, ex-director, AIIPH, and national consultant, NACO. "Educating the sex workers, promoting the use of condom and detecting STD and treating them."

Four hundred and fifty sex workers were random sampled for the survey. They were then divided into three categories. Category A included women who charged

more than Rs 100; category B, those who charged between Rs 50 and Rs 100; and category C, below Rs 50.

The survey revealed that 80 per cent of the sex workers suffered from STD and 1.1 percent were HIV positive. "Strangely enough, all the HIV positives came from categories A and B," said Dr S. Jana, project manager of the programme. The conclusion was that well-off clients who were the carriers of the disease.

In terms of its coverage, the survey was a remarkable one. It earned praises from WHO consultants Dr C.J. van Dam and Dr Mengistu Mehret.

The findings prompted WHO to open a clinic, where the women were treated free of cost. Indian doctors along with WHO specialists trained the sex workers and chose 'peer educators' from among them. They, in turn, went around the brothels educating others. And thus the Intervention Programme (IP) took off in August 1992.

"Today, 40 of the 80 percent STD-infected women have been completely cured," claimed Dr Das, "and the use of condoms among clients has risen from 6 to 55 percent," he added.

"We insist on the use of condoms," said Anita Lama, a peer educator, "and if he refuses, we don't entertain him," she added firmly.

Getting the IP going wasn't easy, said Dr Das. "Initially, the pimps and the madams created a lot of hassle. They thought the project would hamper their business," he said. But sustained efforts helped win their confidence.

In fact, the programme was launched in Delhi and Bombay along with Calcutta. But the pimps knived the doctors in Bombay and things couldn't proceed further.

And there are persistent problems in Calcutta too. "We cannot seem to gain the confidence of the Nepali community which accounts for about 15 percent of the total sex workers in the area," said Dr M.K. Pal of the STM. "The reason probably is that they still see themselves as foreigners and hence tend not to believe us."

The programme is being financed by the Norwegian government agency, Norad. Recently, an evening clinic has also been started to cater to the clients exclusively.

And, with Sonagachhi as the model, the IP has now been extended to Bhubaneswar, Madras and Bombay.

IRAN

Imported Blood Products To Be Tested for AIDS

93LA0138U Tehran JOMHURI-YE ESLAMI
in Persian 24 Jun 93 p 3

[Text] All imported blood products will be tested for AIDS and hepatitis by the Iran Blood Transfusion Organization. Consequently, these two diseases cannot come into the country via blood.

Dr. Mohammad Farhadi, executive director of the Iran Blood Transfusion Organization, announced the above in an interview with IRNA's correspondent. He added: This organization does not need blood from other countries. It imports only blood products, and even these products are given various tests for different kinds of viruses.

He emphasized precision in this regard and gave assurances that AIDS cannot come into the country via blood.

Dr. Farhadi added: Blood donated by the public to the Iran Blood Transfusion Organization also goes through various tests. If the blood is infected, its characteristics are reported to the Office to Fight Contagious Diseases.

He discussed the issue of prevention and the observation of ethical principles among the people in society. He said: When the Iran Blood Transfusion Organization is faced with a shortage of blood, it asks for help and assistance from the noble people of society.

The executive director of the Iran Blood Transfusion Organization announced the willingness of this organization's equipped laboratories to provide other specialized laboratory services. He added: Various products are obtained by separating blood plasma, among which is Factor Eight, usable by patients suffering from hemophilia.

He announced that this organization's immunology department is a place for very rare blood tests such as the [?faguite] test, the T-cell test and the V-cell test, which have to do with cancer and immune deficiency.

At the end of this interview Dr. Farhadi added: Using the blood laboratory this year it is expected that the entire nation's need for blood and blood products will be met, and in this regard it is necessary that the people cooperate by giving blood.

PAKISTAN

Afghan Arms Dealers Said To Carry AIDS Virus Home

BK1009103593 Peshawar THE FRONTIER POST
in English 10 Sep 93 p 1

[By Imtiaz Hussain]

[Excerpt] Afghans living in Pakistan have left thousands of kalashnikovs and other guns here and have in exchange carried the murderous AIDS back home.

A look at the arms and ammunition dealers of Darra Adamthal speaks volumes of the quantities and qualities of the stockpiles the [word indistinct] of Afghanistan are leaving behind. But the AIDS detection centre at the Lady Reading Hospital [LRH] Peshawar, is an out of bound area for newsmen. They have been directed by the Islamabad authorities not to let any information on HIV positive cases leak out. This correspondent had

approached the centre to know how many Afghans were carrying the fatal disease home.

Not that the NWFP [North-West Frontier Province] population has ever been unused to arms or the Afghans to AIDS. But the time and the way Afghan [word indistinct] started coming to an end suggests that the "arms-AIDS barter" that took place across the Durand Line, would have been less dangerous if the Afghan issue had been resolved a couple of years ago and all the arms meant for jihad, had been pushed over to the other side of the border, along with the one- million-strong resistance force.

The AIDS detection centre at LRH however is not immune to newsmen, nor is the Darra arms dealers to the big guns which are displayed at open places. They are put on sale and buyers can even test use them by firing a cartridge of two towards the empty hilltops.

A doctor who is well-versed with the whole affair confirmed that more than 500 Afghans had tested HIV-positive.

"When this was conveyed to Islamabad, they said don't make it public, it will create panic", said Rasool, a [word indistinct] tycoon at Darra Adamthal. Unusually, he did not request anonymity. [passage omitted]

RUSSIA

Surge in Moscow HIV Cases

93WE0276B Moscow KURANTY in Russian 5 Feb 93
p 2

[Article by Yu. P.: "Moscow—Gates for AIDS"]

[Text] There is yet another sad first-place ranking for Moscow—HIV infections. In our city the number of those infected with AIDS has just passed 100, and ten persons have already died from this terrible disease.

The growth rate for those infected in Moscow is horrifying. "Whereas in 1987 three cases were recorded, during the first month of this year 19 cases have been recorded," says professor Vadim Pokrovskiy, director of the Russian Scientific Teaching Center for AIDS Control and Prevention. Moscow has become a gateway for this "plague of the 20th Century," since almost all of our infected citizens have contracted AIDS from foreigners. Our projections indicate that this number will grow each year in a horrifying progression. What is most disturbing is that during the past 3 years three children have been born of infected mothers, and their fate is not yet clear. These innocent children have been shackled to awful torment from birth.

First AIDS Case in Tatarstan

93WE0276D Moscow PRAVDA in Russian 5 Dec 92
p 1

[Article by Nikolay Morozov: "AIDS Victim a Child"]

[Text] A 4-year-old boy became the first AIDS casualty in the Republic of Tatarstan. He contracted the virus of the dreaded disease in Volgograd, where the infamous infection of a large group of children occurred when medical procedures were violated. Of the number of Tatarstan residents who have been screened, there are three HIV-infected individuals remaining today: one Kazakh and a married couple.

Smolensk HIV Cases Fourth Most Numerous

93WE0276C Moscow PRAVDA in Russian 2 Dec 92
p 1

[Article by Viktor Artemenko: "Smolensk Leading in AIDS"]

[Text] Yes, the oblast is in fourth place in Russia for the number of HIV-infected persons per 100,000, gaining on Moscow and St. Petersburg. We have already had the first casualties. The Smolensk Medical Institute and the health department under the direction of the oblast administration have initiated the "Anti-AIDS-Smolensk" charity for the practical implementation of a social health program aimed at combatting the plague of the 20th Century in the region.

LATVIA

Statistics on Latvian AIDS Cases

LD2008124893 Riga Radio Riga Network in Latvian
0900 GMT 20 Aug 93

[Excerpt] At the moment, 15 people infected with AIDS, and three AIDS patients, are under observation at the AIDS center in Latvia. Most of the infected cases in Latvia are among the drug addicts and bisexuals. [passage omitted on world statistics]

UKRAINE

Ukrainian Official on Status, Perspective for AIDS Fight

93WE0276I Kiev PRAVDA UKRAINY in Russian
15 Sep 92 p 3

[Article by Valeriy Ivasyuk, Ukrainian people's deputy: "How To Save a Nation"; first paragraph is PRAVDA UKRAINY introduction]

[Text] Valeriy Ivasyuk, deputy of the Supreme Soviet of the Ukraine, member of the commission on public health matters for the Supreme Soviet, president of the All-Ukrainian Society "Anti-AIDS", and candidate of medical sciences, at the request of the editor considers the status and perspective for the fight against AIDS in the Ukraine.

AIDS is an extremely complex problem common to all humankind, the solution of which necessitates the adoption of urgent measures. In connection with this problem, many countries have found themselves in an unprecedented situation. They are faced with the need to develop and to implement appropriate government programs for AIDS prevention and control.

How does one assess the efficacy of such programs developed in a given country? What strategic actions should our government take in this most complex situation? It should be noted that the World Health Organization has already developed all the necessary positions and recommendations for the control and prophylaxis of this dangerous disease.

What criteria can be used to determine whether the national AIDS control program meets with the global strategy of the WHO?

The first criterion is legal. It governs the relationship of national legislation in the sphere of relationships between man and the government on AIDS problems and norms of international law. In the Ukraine work has just begun on the development of national legislation in this regard.

All the legal relationships should be regulated by laws. Only in emergency situations is it advisable to develop legal acts, which, however, should not go beyond the law that envisages them.

Otherwise, we could have a situation where legal acts contradict the law, and this could result in violations of human rights.

While working on the Ukrainian law "AIDS Prevention and Public Protection" we considered the basic principles of anti-AIDS legislation of western countries. This law became effective in January 1992 and was viewed positively by domestic and foreign experts. It standardizes a wide range of relationships, from the protection of the rights of HIV-infected persons and occupational groups at risk and social assistance to them to administrative and criminal punishment for violation of the law.

The second criterion concerns the relationship between government institutes and national needs and the international structures. Unfortunately, government policy in the Ukraine is still implemented without appropriate coordination between the Ukrainian Ministry of Health and other ministries and departments. The Ukraine is still lacking a guaranteed system for HIV infection diagnosis. We do not have diagnosticums that meet World Health Organization standards, and the legal regulation of the diagnosis process is flawed. Moreover, the only way of affecting the epidemic process for now remains the prevention-education programs, which are aimed at changing risky forms of human behavior. But with the exception of several videoclips and pamphlets that do not provide much information, we do not have anything.

There is one more problem—the low level of knowledge that medical personnel have on AIDS problems. The lack of necessary medical training among physicians on matters of HIV infection is resulting in physicians becoming an occupational risk group, and without desiring to do so, they are contributing to the spread of the AIDS virus. And the legal illiteracy of medical personnel is causing the epidemic process in the Ukraine to be kept in a latent condition.

Considering all this, it has become necessary to create a government institute endowed with emergency rights. In accordance with Ukrainian Law, with a Presidential Edict dated 27 May 1992, the Ukrainian president created the National Committee on AIDS Diseases.

This committee will coordinate actions of all ministries, departments, government establishments, and public organizations and direct them to the fulfillment of Ukrainian AIDS legislation.

The national committee will coordinate and direct Ukrainian science in the solution of problems of AIDS prevention and prophylaxis and simultaneously review science programs, taking into account the actual economic situation in the Ukraine.

When meeting with western colleagues, and especially with WHO experts, we often heard the question: Who is

directly bearing the responsibility for public health protection from HIV infection? Now the National Committee will primarily bear the responsibility to the public for the situation of affairs in the battle against AIDS.

Thus, if you could imagine a hierarchy of responsibility, in our opinion, it would look like this: President of the Ukraine, President of the National Committee and all its members, then all the government agencies in the Ukraine, beginning with the Ministry of Public Health.

If the legal bases of anti-AIDS policy and the respective government institutes can be regarded as sufficient conditions in the battle against AIDS, then the existence of the National Program initiated to direct this battle is a necessary condition. The global strategy necessitates the development of a broad and all-encompassing program in all countries of the world. Its creation should be given the utmost attention. Therefore, the third criterion governs the relationship of the goal and strategy of the National Program and WHO principles.

Of course, with the development of the National Program, the specific aspects of the spread of HIV infection in the Ukraine should be taken into account. But the basis of the program should be the positions that are commonly recognized and mandatory for all countries.

What are these conceptual demands of the WHO? First, we should find a place in the global program that is adequate to the capabilities and needs of the Ukraine. Moreover, in the national program we need to determine who, when, what, how, and to what degree of responsibility it should be done in the government in order to stop and then reduce to zero the spread of AIDS. When such demands are met, the Ukraine, as a government that is experiencing great financial difficulties, may rely on the current practice of teaching, information, and financial aid of world anti-AIDS institutes. To date, those who have been enlisted in the battle against AIDS in the Ukraine—this is primarily the Ministry of Public Health—have ignored the possibility of entering the world space. Our complex of low quality to date has bound us to the "Moscow Center." In its time this became a reason for the risky entrance of the Ukraine into a low quality system of HIV infection diagnosis and, as a result, the formation of an introverted system of public health in the battle against AIDS.

The national program as it exists today, composed of the Ministry of Public Health and adopted by the government, needs rapid and thorough revision of all the departments and especially in the budget for finance use.

The fourth criterion is the level of public knowledge. As noted earlier, scientifically based information and prophylaxis programs aimed at changing human behavior definitely hinder the development of the AIDS epidemic. It is difficult to overestimate the efficacy of this factor in the fight against AIDS. In the early 1980's the risk groups were limited only to certain social groups. The relationship of people to the members of these

groups was openly negative. The civilized world banished AIDS victims from life, and physicians used harmful epidemic measures, from a medical point of view. Now in developed countries the orientation and conception of determining risk groups, carriers, and public policy have changed radically. This had an immediate effect on the epidemic process. In particular, this process began at first to stabilize, and then drop in these countries among the social risk groups. In developed countries, they understood that AIDS knows no bounds and can affect any family. At first pragmatism, and then

altruism of people altered the relationship to the unfortunate carriers of HIV from rejection to benevolence.

Of course, this is beyond the goal—to alter the relationship of millions of people to the victims of AIDS from fear and hate to conscious behavior and human empathy for the victims. But it is namely in such spiritual, intellectual, and scientific orientation of the people that we see our path of rescue. The Ukraine should take this path together with civilized countries.

REGIONAL AFFAIRS

EC Reports Half a Million Infected With HIV Virus*AU3009163693 Paris AFP in English 1629 GMT
30 Sep 93*

[Text] Brussels, Sept 30 (AFP)—About half a million people in the European Community are infected with the HIV virus which causes AIDS, the EC's Executive European Commission said here Thursday [30 September].

Making the estimation, EC Social Affairs and Health Commissioner Padraig Flynn added that 84,000 cases of full-blown AIDS had been officially reported to EC Headquarters by March this year.

Flynn announced that the commission planned to extend its 3-year "Europe Against AIDS" programme for another year in 1994, at a cost of nine million ECU (about 11 million dollars).

The money will support efforts in member countries to fight AIDS, with particular stress on fighting transmission of the virus among jail inmates, drug-takers and travellers.

Flynn also expressed concern about discrimination against those infected with the HIV virus, and the growing number of infected children.

AUSTRIA

As Many as 14,000 Infected With HIV Virus*AU1609154393 Vienna WIENER ZEITUNG
in German 16 Sep 93 p 7*

[Unattributed report: "AIDS Statistics Since 1983: Almost 14,000 Infected in Austria; More Than 1,000 AIDS patients, 632 Deaths"]

[Excerpt] Since 1983, the year in which the tallying of AIDS cases began, a total of 1,019 people have contracted AIDS in Austria; 632 of them have died so far. The most recent figures were published by the Health Ministry on 15 September.

Experts have pointed to these negative developments for some time. Gerald Haidinger, of Vienna University's Institute for Social Medicine, stated: "In 1991, we carried out a major study and predicted that by the middle of 1993, the number of cases would be more than 1,000. This has now been confirmed."

Here are some more figures, published against the background of the Austrian AIDS congress to be held at the weekend: In 1983, seven people had contracted AIDS in Austria, six of whom died. Since then, the number of cases and casualties has increased steadily. In 1991, 175 people contracted AIDS and 110 died of AIDS. In 1992 the number of new patients was 199, and 89 died. So far

in 1993, 131 people have contracted AIDS and 37 people have died of it. [passage omitted]

Haidinger emphasized that the total figures are unclear: "I would say that between 8,000-14,000 people are infected with the HIV-virus in Austria. This number had been estimated at 8,000. In spring the number of 10,000 was mentioned for the first time. Nobody knows the real figure." Haidinger criticized the lack of scientific research on the propagation of the HIV-virus.

BELGIUM

AIDS Society Issues Statistics on Infected Children*AU2508200793 Paris AFP in English 1943 GMT
25 Aug 93*

[Excerpts] Liege, Belgium, Aug 25 (AFP)—The Belgian authorities are preparing a campaign to forestall public outrage when a child infected with the AIDS virus goes to school, the Belgian AIDS-prevention society APS said here Wednesday. [passage omitted]

The society said that on June 30 there were 458 people aged under 20 in Belgium infected with the AIDS virus, including 291 less than four years old, and 57 with full-blown AIDS, including 45 younger than four.

GERMANY

Number of AIDS Cases Expected To Continue To Grow*AU0309193693 Frankfurt/Main FRANKFURTER
ALLGEMEINE in German 3 Sep 93 p 10*

["ret" report: "1,500-2,000 AIDS Cases a Year"]

[Text] Bonn, 2 September—Apparently, AIDS [Acquired Immune Deficiency Syndrome] no longer scares the majority of the population. There is actually no reason to panic, but also no reason to sound the all-clear. According to Osamah Hamouda of the Federal Health Office in Berlin, HIV [Human Immunodeficiency Virus], which causes the immune system illness to develop, has not stopped spreading. Hamouda estimates that the percentage of those who become infected through heterosexual contact will continue to rise from the current level of 5 percent. For a long time, those affected were mainly the partners of persons who were infected or sick and belonged to those groups of people that are particularly at risk, that is, bisexuals and drug addicts. However, the illness will also spread to those who have sexual contact with the partners of those who are already infected or ill. "The figures will continue to rise, but will settle down at a lower level," suspects Hamouda. A majority of the population does not change its partners so often.

According to the AIDS Center's estimates, between 60,000 and 70,000 people, mainly homosexuals and drug

addicts, have become infected since the beginning of the early 1980's. Between 1,500 and 2,000 Germans develop the illness every year. The number has remained constant for the past 3 years. By the middle of this year, a total of just under 10,000 AIDS cases were registered with the authorities, and about 65 percent of those suffering from the illness have died.

Interest in information about AIDS has not declined, says the Federal Center for Health Information (Cologne). Its advice bureau continues to receive more than 2,000 calls a month. There has been a steady improvement in the general level of awareness among the population and in the precautions taken by those who are particularly at risk. According to a 1991 study based on a representative sample, 79 percent of respondents in the 16-20 age group used condoms and 63 percent of those with several partners did. However, there are groups of people that are difficult to get through to. They include men who visit prostitutes who are drug addicts. The information campaign in the media and the information weeks organized by advisers who travel all over Germany will be continued for this reason. However, the center's budget has been reduced by one-half from the 1987 level of 50 million German marks.

The information campaigns have not, however, led to a more relaxed relationship between patients and their

environment. Michael Lenz of the German AIDS-Help organization has established that people ill with AIDS continue to be forced to the fringes of society. Family, friends, colleagues, or authorities often react to them with uncertainty. Lenz sees the reason for that in the majority of the population putting the illness to the back of their minds. AIDS is connected with sexuality, so it is a taboo subject. Those who do not belong to high risk groups, usually reassure themselves with the words: "It does not concern me."

UNITED KINGDOM

Health Service Gives New AIDS Statistics

93WE0545A London THE DAILY TELEGRAPH
in English 20 Jul 93 p 4

[Article: "14 AIDS Cases are Heterosexual"]

[Text] One in seven new cases of AIDS notified in June was the result of intercourse between heterosexual couples, the Public Health Laboratory Service said yesterday.

There were 102 new cases of AIDS in June, bringing the total since 1982 to 7,699 of whom 4,794 have died. Of the new cases, 14 were heterosexually generated.

This is a U.S. Government publication. Its contents in no way represent the policies, views, or attitudes of the U.S. Government. Users of this publication may cite FBIS or JPRS provided they do so in a manner clearly identifying them as the secondary source.

Foreign Broadcast Information Service (FBIS) and Joint Publications Research Service (JPRS) publications contain political, military, economic, environmental, and sociological news, commentary, and other information, as well as scientific and technical data and reports. All information has been obtained from foreign radio and television broadcasts, news agency transmissions, newspapers, books, and periodicals. Items generally are processed from the first or best available sources. It should not be inferred that they have been disseminated only in the medium, in the language, or to the area indicated. Items from foreign language sources are translated; those from English-language sources are transcribed. Except for excluding certain diacritics, FBIS renders personal names and place-names in accordance with the romanization systems approved for U.S. Government publications by the U.S. Board of Geographic Names.

Headlines, editorial reports, and material enclosed in brackets [] are supplied by FBIS/JPRS. Processing indicators such as [Text] or [Excerpts] in the first line of each item indicate how the information was processed from the original. Unfamiliar names rendered phonetically are enclosed in parentheses. Words or names preceded by a question mark and enclosed in parentheses were not clear from the original source but have been supplied as appropriate to the context. Other unattributed parenthetical notes within the body of an item originate with the source. Times within items are as given by the source. Passages in boldface or italics are as published.

SUBSCRIPTION/PROCUREMENT INFORMATION

The FBIS DAILY REPORT contains current news and information and is published Monday through Friday in eight volumes: China, East Europe, Central Eurasia, East Asia, Near East & South Asia, Sub-Saharan Africa, Latin America, and West Europe. Supplements to the DAILY REPORTs may also be available periodically and will be distributed to regular DAILY REPORT subscribers. JPRS publications, which include approximately 50 regional, worldwide, and topical reports, generally contain less time-sensitive information and are published periodically.

Current DAILY REPORTs and JPRS publications are listed in *Government Reports Announcements* issued semimonthly by the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161 and the *Monthly Catalog of U.S. Government Publications* issued by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The public may subscribe to either hardcover or microfiche versions of the DAILY REPORTs and JPRS publications through NTIS at the above address or by calling (703) 487-4630. Subscription rates will be

provided by NTIS upon request. Subscriptions are available outside the United States from NTIS or appointed foreign dealers. New subscribers should expect a 30-day delay in receipt of the first issue.

U.S. Government offices may obtain subscriptions to the DAILY REPORTs or JPRS publications (hardcover or microfiche) at no charge through their sponsoring organizations. For additional information or assistance, call FBIS, (202) 338-6735, or write to P.O. Box 2604, Washington, D.C. 20013. Department of Defense consumers are required to submit requests through appropriate command validation channels to DIA, RTS-2C, Washington, D.C. 20301. (Telephone: (202) 373-3771, Autovon: 243-3771.)

Back issues or single copies of the DAILY REPORTs and JPRS publications are not available. Both the DAILY REPORTs and the JPRS publications are on file for public reference at the Library of Congress and at many Federal Depository Libraries. Reference copies may also be seen at many public and university libraries throughout the United States.

END OF

FICHE

DATE FILMED

9 DEC 93